

Name
in
Full

Ann Somers Barber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

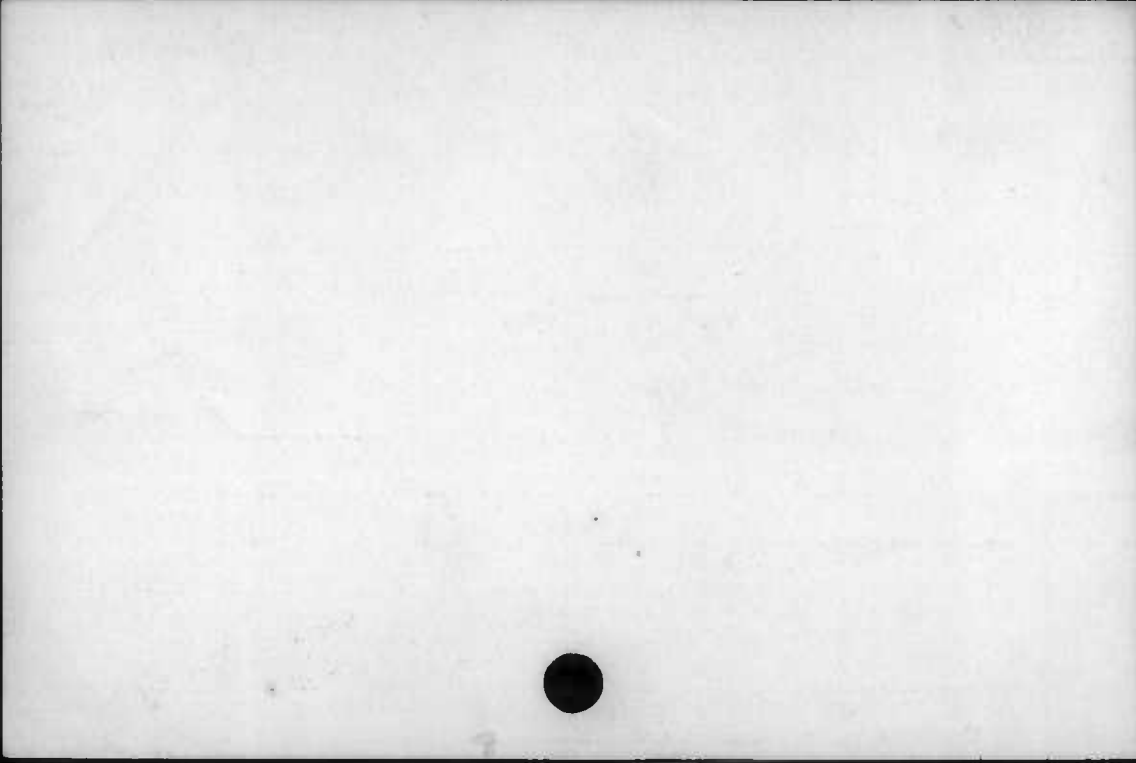
Died at 11.50 a.m. ^{Town} Easton ^{County} Talbot		MARYLAND	
Date of death 1908	Month Sept.	Day 17th	Age 80
Sex Female		Color or Race White	Birth-place near Deepmugrove New Jersey
Occupation None		Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband John Wright Barber		
Father's Name	Richard Somers		Father's Birthplace New Jersey
Mother's Maiden Name	Sarah Griffith Springer		Mother's Birthplace New Jersey
Name of person giving information	Laura Barber Shinn		How related to deceased Grand-daughter

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Dilatation of The Heart		How long	Do not know
Immediate	Exhaustion		How long	←
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. C. Slemons	
yes		Address	Easton	
Accident or Suicide?		No		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Trappe</i> Town		County <i>Talbot</i>		MARYLAND	
Date of death 190 <i>0</i> <i>Sept</i> Month		Day <i>3</i>		Age <i>26</i> Years	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Talbot</i>	
Occupation <i>Farmers Wife</i>		Where Residing if not at place of death <i>Trappe</i>			
Married, Single or Widow <i>Single</i>		Name of Wife or Husband <i>Walter Bartlett</i>			
Father's Name <i>R. Emmart Welch</i>		Father's Birthplace <i>Talbot Co</i>			
Mother's Maiden Name <i>Olivia Wise</i>		Mother's Birthplace <i>Talbot Co</i>			
Name of person giving Information <i>Robert E. Welch</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long <i>Unknown</i>
Immediate <i>Pulmonary edema.</i>	How long <i>7 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Jas. L. Formica</i>
	Address <i>Trappe Md</i>
Accident or Suicide	



Name
in
Full

William J. Brice

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Near Easton

County Talbot

Date of death 1908 Sept

Day 24

Age 46

Months

Days

Sex Male

Color or
Race

Black

Birth-
place

Talbot

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Widower

Name of Wife or
Husband

Can't say

Father's
Name

Jno W Brice

Father's
Birthplace

Talbot Co

Mother's
Maiden Name

Rachel Webb

Mother's
Birthplace

Caroline Co

Name of person giving
information

Jno W Brice

How related
to deceased

Father

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

Not Known

Immediate

Exhaustion

How long

few wks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Chas. F. Davidson

Address

Easton, Md.

Accident or Suicide?

before death

Dr Davidson

Bury Saturday - Home
10 o'clock — near Easton

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *St Michaels* *Talbot* CountyDate of death *1908* *Sept* *20* *Age* *70* Months *2* Days *4*Sex *Male* Color or Race *Black* Birth-place *St. Michaels*Occupation *Horse Trainer* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Sarah Jane Brooke*Father's Name *Joseph Brooke* Father's Birthplace *Talbot Co.*Mother's Maiden Name *Eliza Demby* Mother's Birthplace *Talbot Co.*Name of person giving information *Sarah Jane Brooke* How related to deceased *Wife*

CAUSES OF DEATH

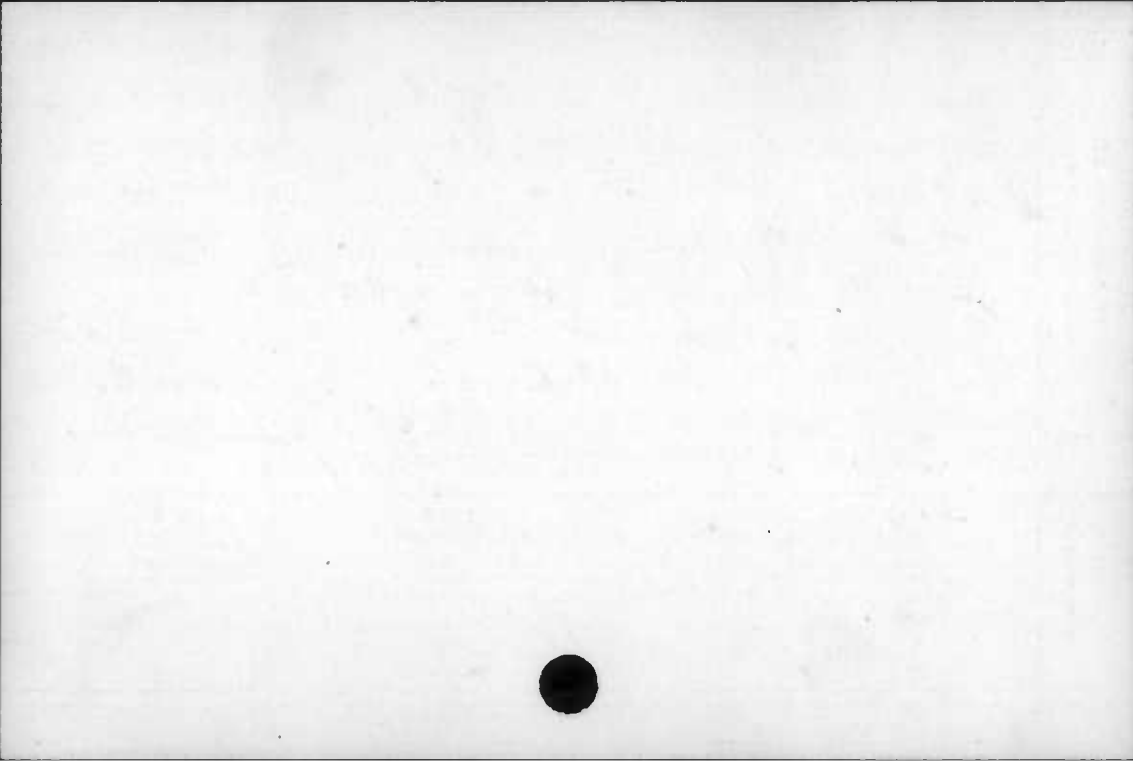
45

PHYSICIAN
OR CORONERPrimary *Adeno - Sarcoma - Throat* How long *About one year*Immediate *General Asthenia - Cardiac failure* How long *—*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

J. H. Stokes M.D.
St Michaels
*Md.*Accident or Suicide? *No*



Name
in
Full

George. Ellsworth Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

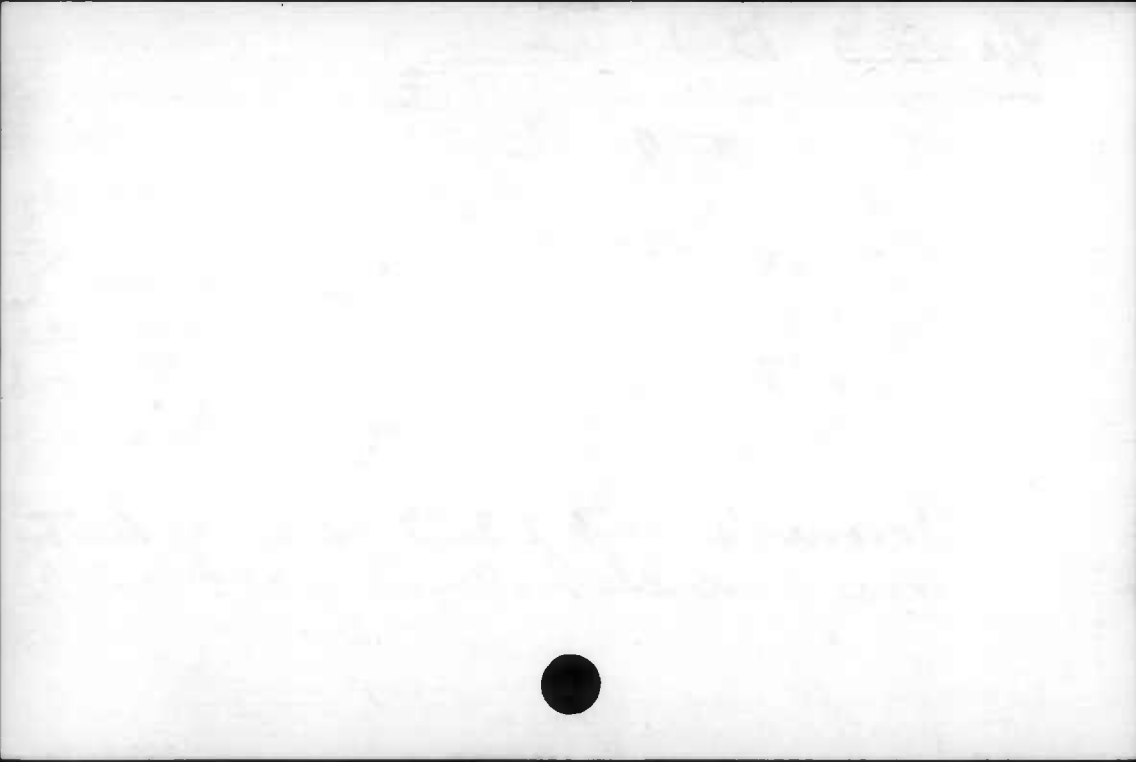
Died Year <i>Suppe</i>		County <i>Salboe</i>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>9</i>	Day <i>28</i>	Age <i>27-</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>Negro</i>	Birth-place <i>Salboe Co Md</i>			
Occupation <i>Farmer Hand</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Louisa Turner</i>				
Father's Name <i>James Brown</i>	Father's Birthplace <i>St Marys Co. Md</i>				
Mother's Maiden Name <i>Margaret Staten</i>	Mother's Birthplace <i>Salboe Co. Md</i>				
Name of person giving Information <i>Ezekiel Brown</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>12 months</i>
Immediate <i>Exhaustion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Joseph A. Ross M.D.</i>
<i>Yes</i>	Address <i>Suppe Salboe Co Md</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name Howard Brown

Town Queen Anne County Talbot

Date of death 1908 Month 9 Day 10 Age 35 Years about

Sex male Color or Race negro Birth-place Delaware

Occupation laborer on home Where Residing if not at place of death Queen Anne

Married, Single or Widowed married Name of Wife or Husband Georgina Brown

Father's Name Don't Know Father's Birthplace Delaware

Mother's Maiden Name Don't Mother's Birthplace Don't know

Name of person giving information Georgina Brown How related to deceased wife

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary Coroner's July said Cause of death

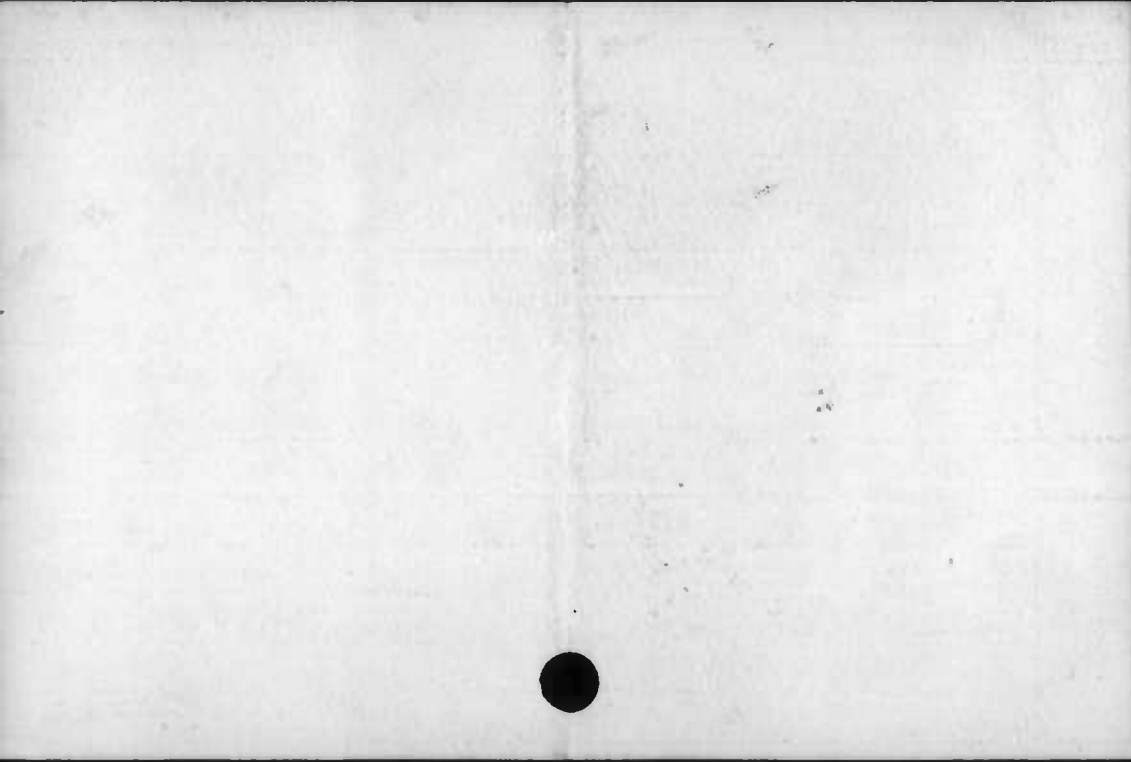
Immediate was due to gun shot, caused by accidental

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Robt. H. H. H.

Address Queen Anne Md.

Accident or Suicide? Accident



Name
in
Full

Thomas Butzher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

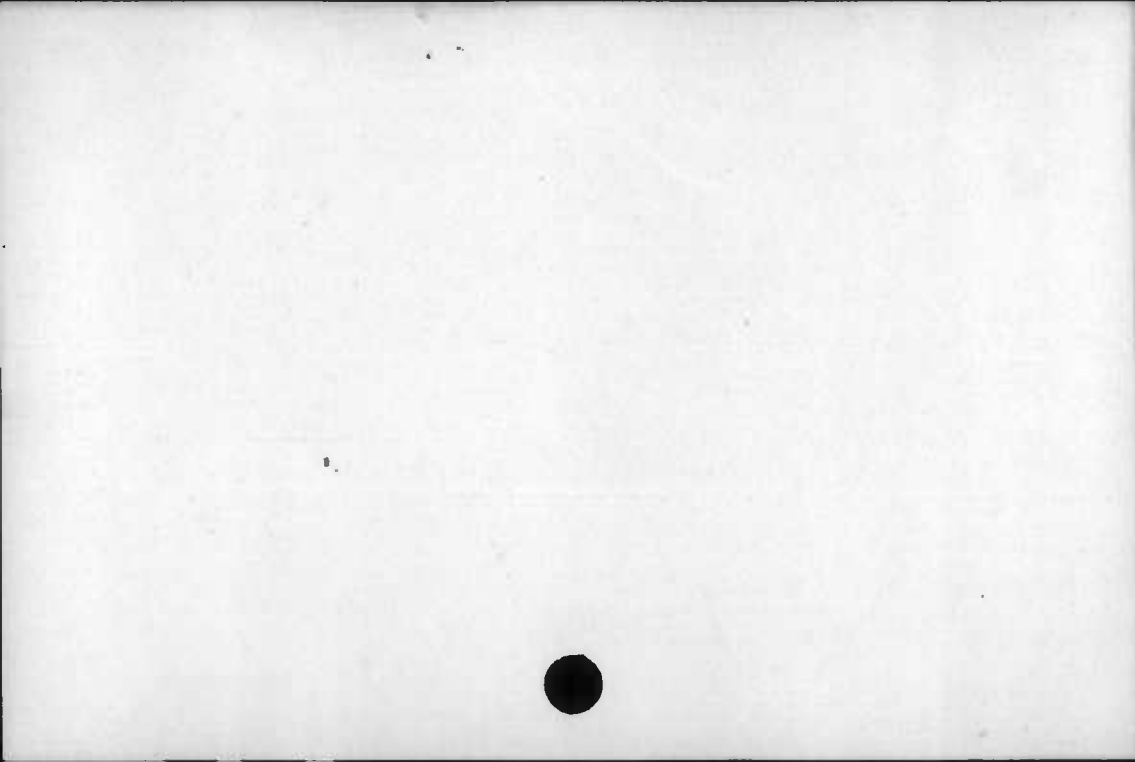
Died at		Town <i>Woodland</i>		County <i>Talbot</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Sept</i>	Day <i>5</i>	Age <i>15</i>	Years <i>one</i>	Months <i>one</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>			Birth- place			
Occupation <i>X</i>				Where Residing if not at place of death <i>X</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>Jon Mungia</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Sofa Pumacho</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving Information <i>Jon Mungia</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>difficult dentition</i>	How long <i>one month</i>
Immediate <i>Gastro-Enteritis</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>They are</i>	Signature of Physician <i>Chas. H. Rose</i>
	Address <i>Cordova, Md.</i>
Accident or Suicide? <i>J</i>	



Name
in
Full

No Christian name Bauek

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

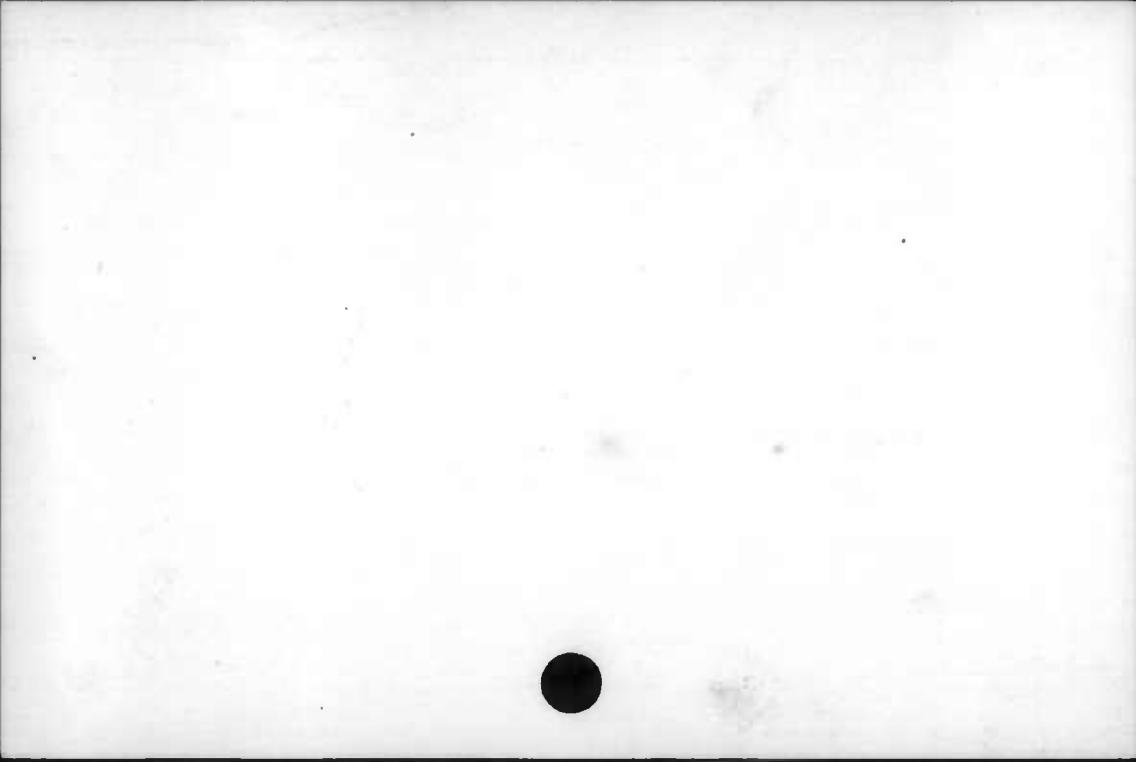
Died at		Town		County		MARYLAND	
Rogal Oak		Talbot					
Date of death	1908	Month	Sept	Day	5	Years	
Age		—		Months		Days	
3							
Sex	Female		Color or Race	White		Birth-place	Rogal Oak Md
Occupation	—		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
—		—					
Father's Name	Bauek					Father's Birthplace	Talbot Co
Mother's Maiden Name	Emily Bauek					Mother's Birthplace	Talbot Co
Name of person giving Information	Mrs Emily Bauek					How related to deceased	mother

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary	Slow breath	How long	
Immediate	Apoplexy	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Samuel E. Lippert
yes		Address	Rogal Oak Md
Accident or Suicide			



Name
in Full

Dr Jas. L. Chaplain

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

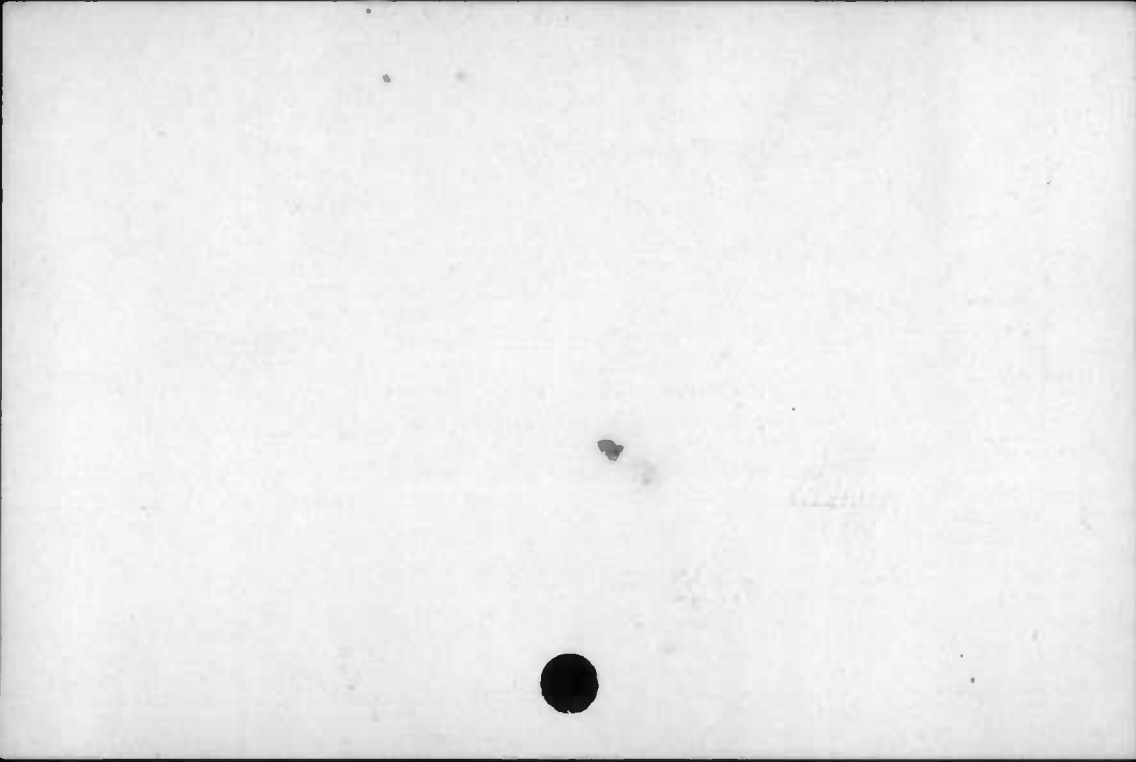
Died at		Town <i>Trappe</i>		County <i>Talbot</i>		MARYLAND	
Date of death		Month <i>Sept</i>	Day <i>12</i>	Years <i>81</i>	Months	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Trappe</i>			
Occupation <i>Physician</i>				Where Residing if not at place of death <i>Trappe</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Evelina Chaplain</i>					
Father's Name <i>James Chaplain</i>				Father's Birthplace <i>Talbot Co</i>			
Mother's Maiden Name <i>Eliza Stevens</i>				Mother's Birthplace <i>Talbot Co</i>			
Name of person giving information <i>Evelina Chaplain</i>				How related to deceased <i>wife</i>			

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <i>Malignant growth of Stomach</i>		How long <i>Six months</i>
Immediate <i>Starvation - Exhaustion</i>		How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Jas. L. McCombie</i>
		Address <i>Trappe Md</i>
Accident or Suicide?		



Name
in
Full

Robert L. Leuzum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Oxford ^{Town} Talbot ^{County} MARYLAND

Date of death 1908 ^{Month} 9 ^{Day} 4 ^{Years} 25 ^{Months} 9 ^{Days}

Sex Male Color or Race White Birth-place Talbot Co

Occupation Laborer Where Residing if not at place of death " "

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Clark Leuzum Father's Birthplace Don't Know

Mother's Maiden Name Annie Leuzum Mother's Birthplace Don't Know

Name of person giving information Mrs Chas Calhoun How related to deceased Brother

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

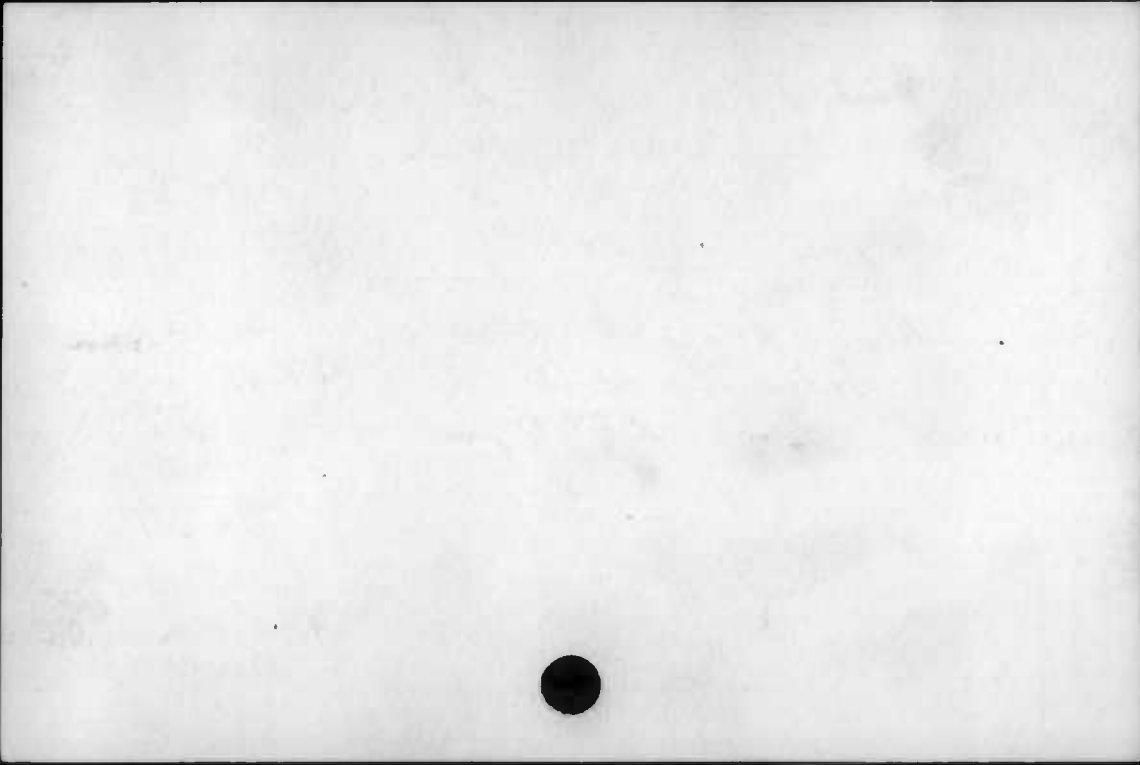
Primary Don't Know How long Don't Know

Immediate Tuberculosis How long Don't Know

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. P. Roberts

9 Address Oxford Md

Accident or Suicide?



Name in Full		Robert Melvius Collins				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Tow ⁿ <i>Andy-hill</i>		County <i>Salboe</i>		MARYLAND
	Date of death		Month	Day	Age	Years	Months
	1908		9	23-			2
	Sex		Color or Race		Birth-place		
	Male		White		Salboe Co, Md		
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband				
Single							
Father's Name		Henry Tilden Collins				Father's Birthplace	
						Salboe Co Md	
Mother's Maiden Name		Sadie Saunders				Mother's Birthplace	
						" " "	
Name of person giving information		Henry J Collins				How related to deceased	
						Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary					How long	
	Malnutrition					2 months	
	Immediate					How long	
	Acute Dysentery					3 days -	
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician	
Yes					Joseph A Ross Jr		
					Address		
					Propper Salboe Co Md		
Accident or Suicide?							



Name in Full *Mirrett Houston Corkran*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

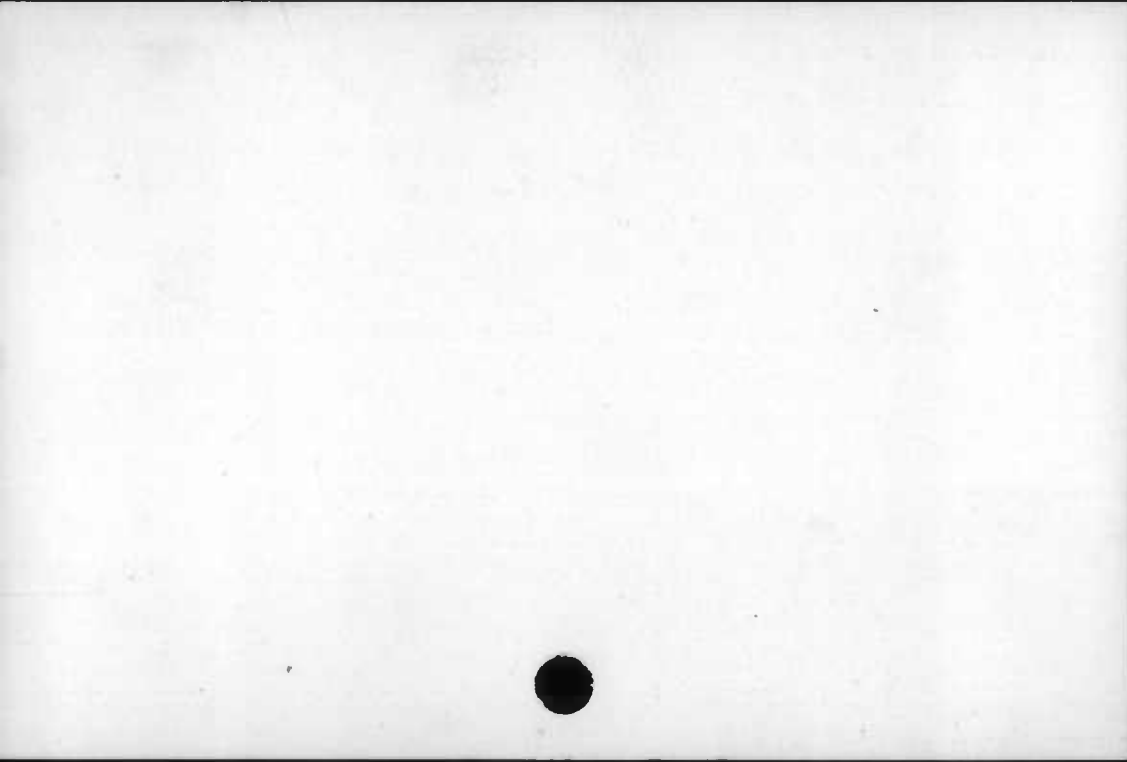
Died at <i>Easton</i> Town		<i>Talbot</i> County			
Date of death <i>1908</i>	Month <i>Sept</i>	Day <i>15</i>	Age <i>✓</i>	Months <i>6</i>	Days <i>✓</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Talbot Co</i>		
Occupation <i>✓</i>			Where Residing if not at place of death <i>✓</i>		
Married, Single or Widowed <i>✓</i>			Name of Wife or Husband <i>✓</i>		
Father's Name <i>Earle H. Corkran</i>			Father's Birthplace <i>Dorchester</i>		
Mother's Maiden Name <i>Mary Ferguson</i>			Mother's Birthplace <i>Talbot</i>		
Name of person giving information <i>E H Corkran</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Enteric-culitis</i>	How long <i>5-6 Weeks</i>
Immediate <i>Exhaustion</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. B. Sherritt</i>
	Address <i>Easton Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

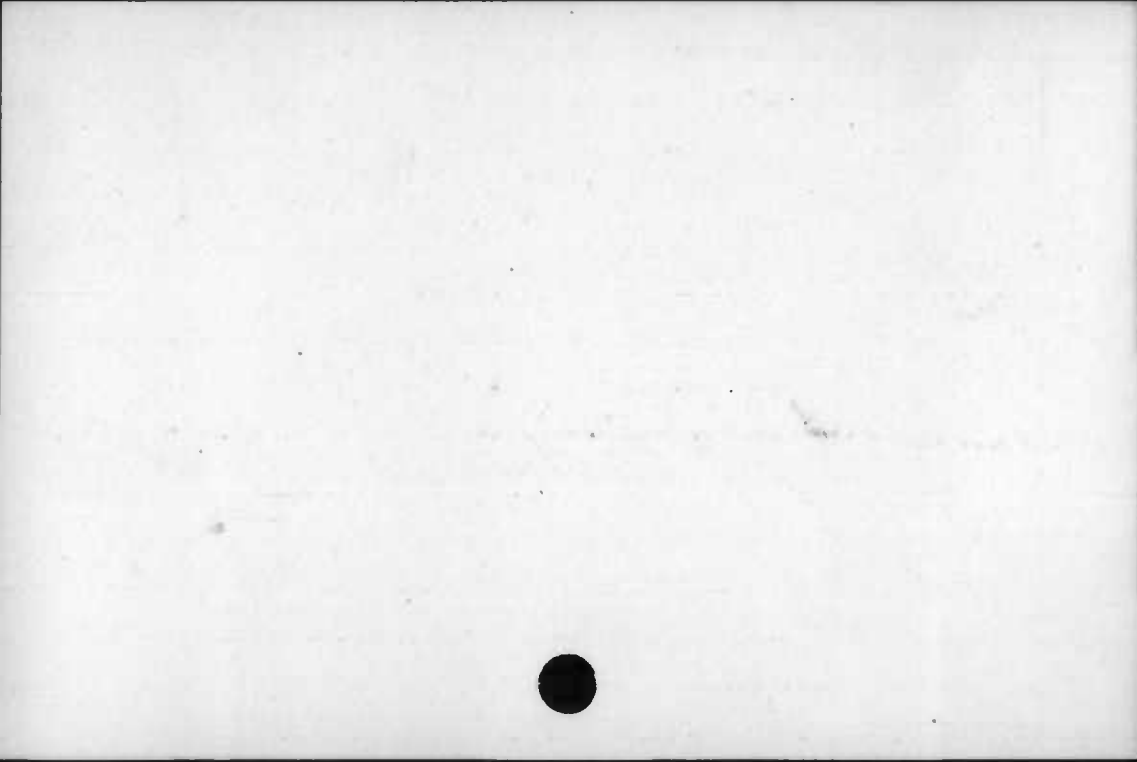
Name in Full		Town		County		MARYLAND			
Died at		Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth- place					
Occupation		Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband							
Father's Name		Father's Birthplace							
Mother's Maiden Name		Mother's Birthplace							
Name of person giving In formation		How related to deceased							

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Politis	How long	2 weeks
Immediate	Exhaustion	How long	2 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Address	
No		once, have never seen it since.	
Accident or Suicide?			



Name
in
Full

Marie E. Senny.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

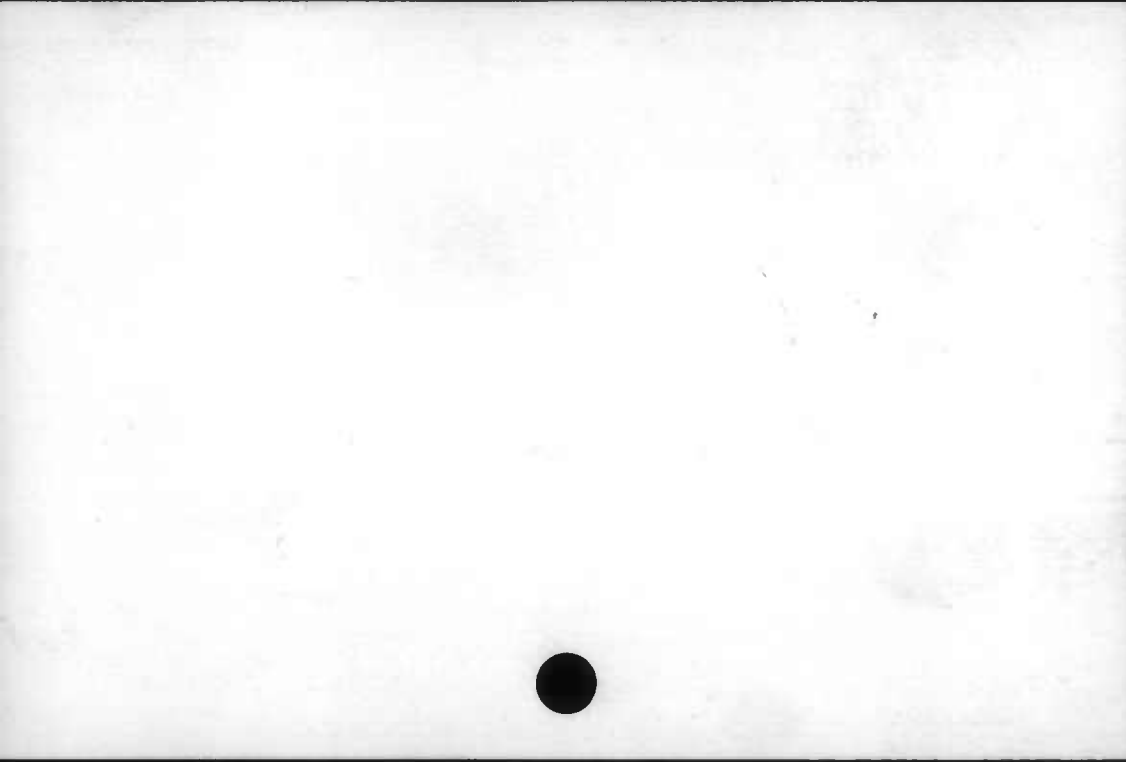
Died at <i>Deep Creek</i>		County <i>Talbot</i>		MARYLAND	
Date of death	1908	Month	Sept	Day	2
Age		23		Months	-
Sex		Female		Color or Race	White
Occupation		Domestic		Birth-place	Balto Md
Married, Single or Widowed		Married		Where Residing if not at place of death	
Father's Name		don't know		Name of Wife or Husband	Albert Senny
Mother's Maiden Name		don't know		Father's Birthplace	
Name of person giving Information		Sammy Senny		Mother's Birthplace	
				How related to deceased	Father in law

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>6 months</i>
Immediate	<i>Aschemia</i>	How long	<i>2 or 3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>Samuel B. Lifeser</i>	
Address		<i>Royal Oak Md</i>	
Accident or Suicide			



Name
in
Full

Novilla W. Diamond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

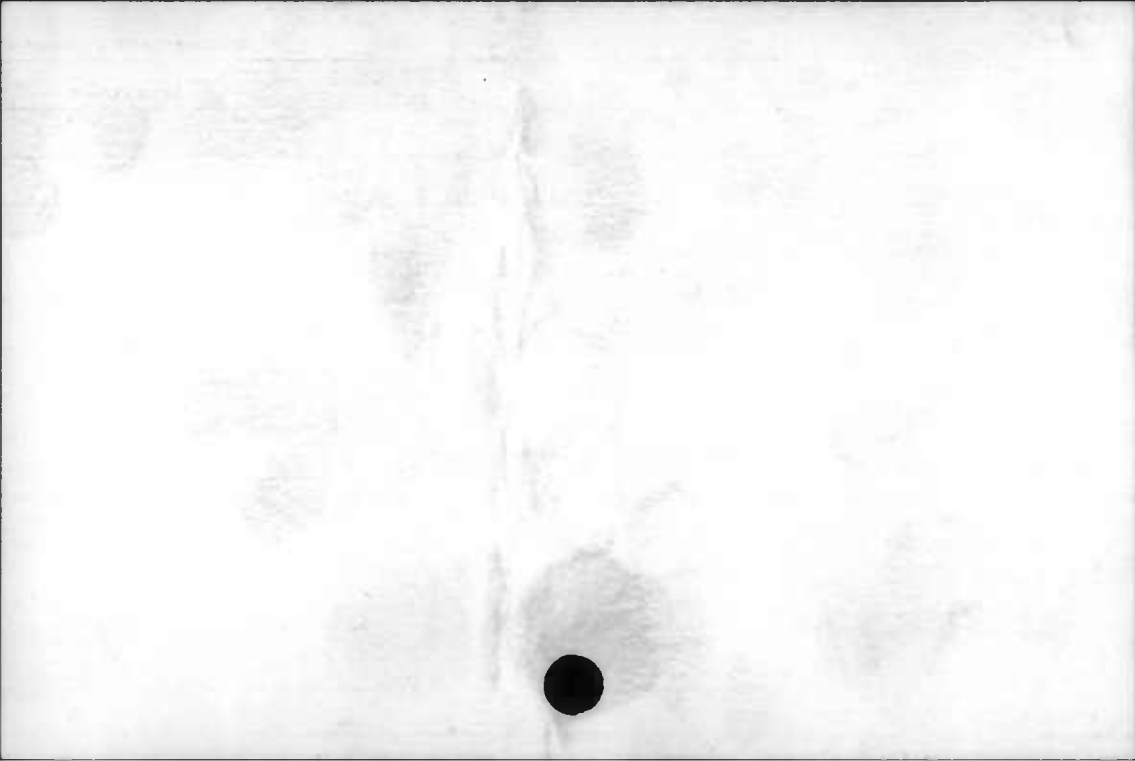
Died at <i>Near Royal Oak</i>		Town <i>Talbot</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>9</i>	Day <i>18</i>	Age <i>25</i>	Months <i>2</i>	Days <i>—</i>		
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Near Royal Oak</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Wm R. Diamond</i>				Father's Birthplace <i>Talbot Co</i>			
Mother's Maiden Name <i>Jennie Wyll</i>				Mother's Birthplace <i>Talbot Co Md</i>			
Name of person giving Information <i>Wm R. Diamond</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

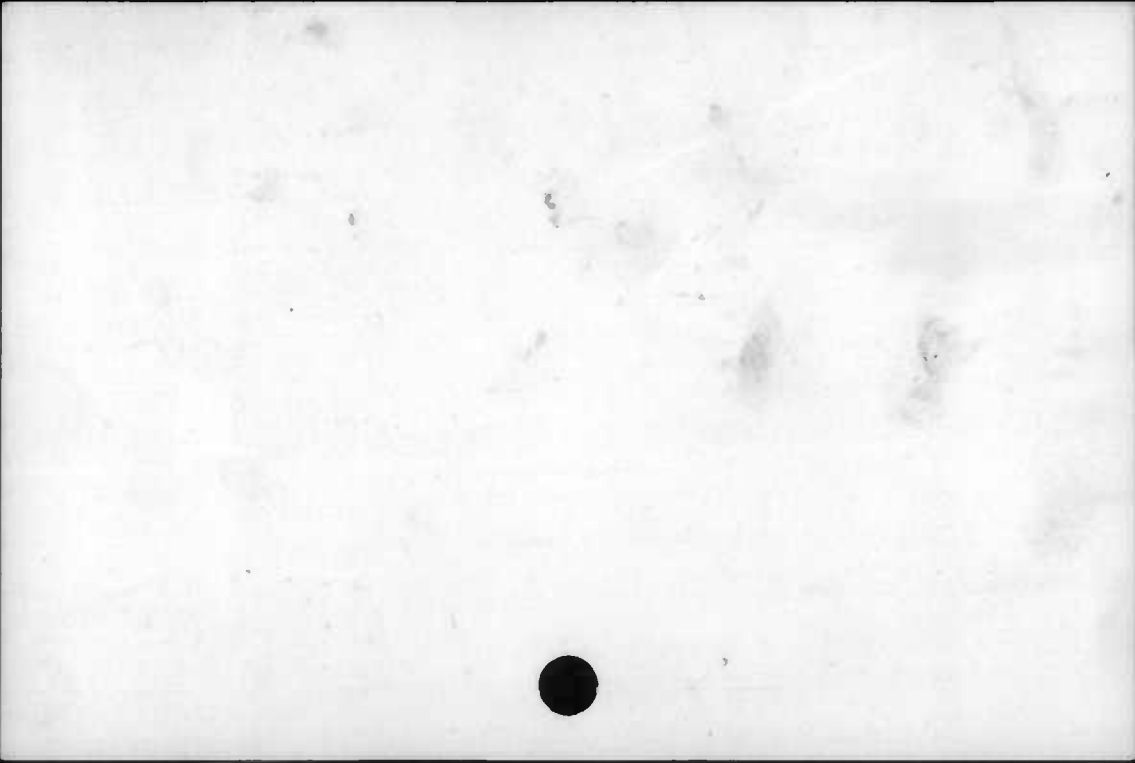
105

PHYSICIAN
OR CORONER

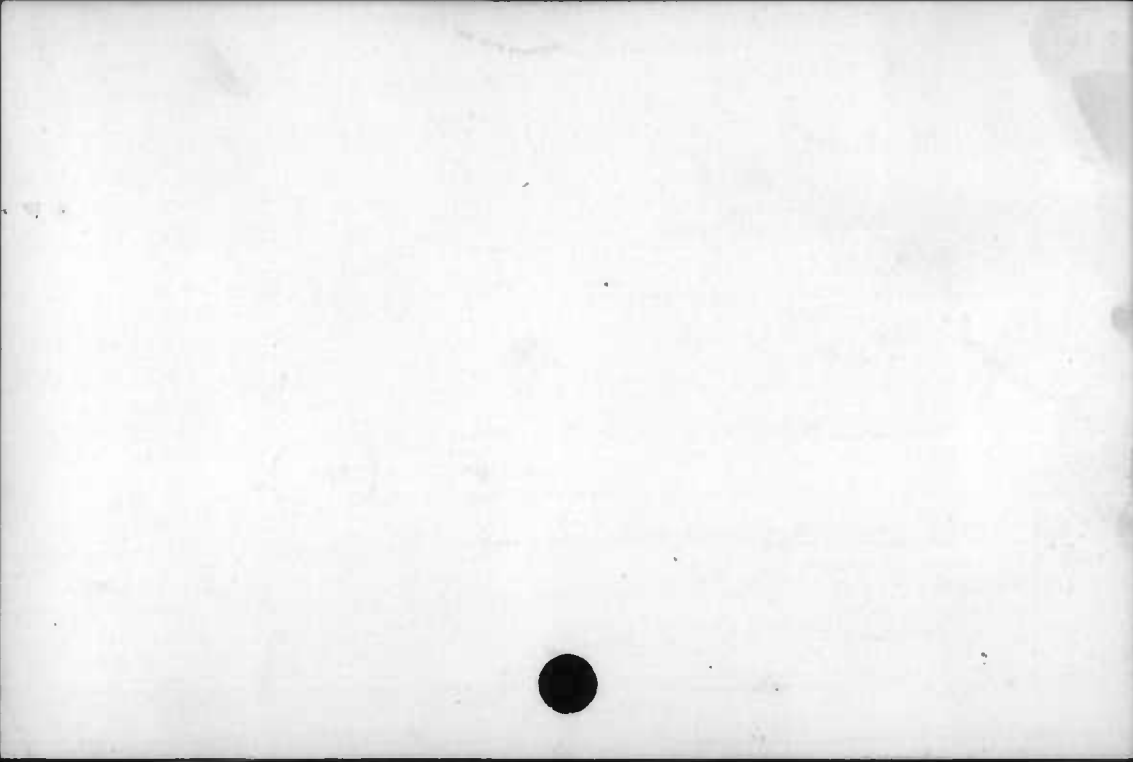
Primary <i>Eclampsia</i>	How long <i>2 weeks</i>
Immediate <i>— Infection</i>	How long <i>2 or 3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Samuel B. Lipper</i>
<i>9</i>	Address <i>Royal Oak Md</i>
Accident or Suicide <i>—</i>	



Name in Full		Ruth Lee Ewing				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Trappe</u> Town		County <u>Talbot</u>		MARYLAND	
		Date of death <u>1908</u> <u>Sept.</u> <u>27</u>		Age <u>—</u> Years		Months <u>15</u> Days <u>—</u>	
		Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Talbot Co.</u>	
		Occupation <u>—</u>		Where Residing If not at place of death <u>—</u>			
		Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Robert Lee Ewing</u>		Father's Birthplace <u>Talbot Co. Md</u>					
Mother's Maiden Name <u>Lulu Spencer</u>		Mother's Birthplace <u>Talbot Co.</u>					
Name of person giving information <u>Robert L. Ewing</u>		How related to deceased <u>Father</u>					
		CAUSES OF DEATH		(105)			
PHYSICIAN OR CORONER		Primary <u>Enterocolitis</u>		How long <u>3 months</u>			
		Immediate <u>Ulcerative Stomatitis & Inanition</u>		How long <u>two weeks</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Wm S. Seymour</u>			
				Address <u>Trappe, Md</u>			
		Accident or Suicide? <u>no</u>					



Name in Full		Elizabeth Gates				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town St Michaels		County Tullob		MARYLAND	
	Date of death	190	Month Sept	Day 20	Age 42	Years 8	Months Days
	Sex	Female		Color or Race Colored		Birth-place St Michaels	
	Occupation	Cook		Where Residing if not at place of death			
	Married, Single or Widowed	Name of Wife or Husband Alfred Gates					
	Father's Name	Nash Channing				Father's Birthplace Maryland	
	Mother's Maiden Name	Catherine Moore				Mother's Birthplace " "	
Name of person giving information	Carmelia Turner				How related to deceased Sister		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Cancer of Breast + Broken Hip				How long	3 1/2 months
	Immediate	Heart failure				How long	.
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician J. C. O'Quinn		
					Address St Michaels		
	Accident or Suicide?						



Name
in
Full

Mary Gibson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Chappel^{County} TalbotDate of death 190 ^{Month} Sept.^{Day} 17Age ^{Years} —^{Months} 4 —^{Days} —

Sex Female

Color or Race Col.

Birth-place Talbot County

Occupation None

Where Residing if not at place of death Chappel

Married, Single or Widowed Babe

Name of Wife or Husband Ida Gibson

Father's Name Tho. Gibson

Father's Birthplace Caroline County

Mother's Maiden Name Ida Mitchell

Mother's Birthplace Talbot County

Name of person giving information Tho Gibson

How related to deceased Father

CAUSES OF DEATH

105

Primary Cholera Infantum

How long 8 wks.

Immediate Exhaustion

How long few days

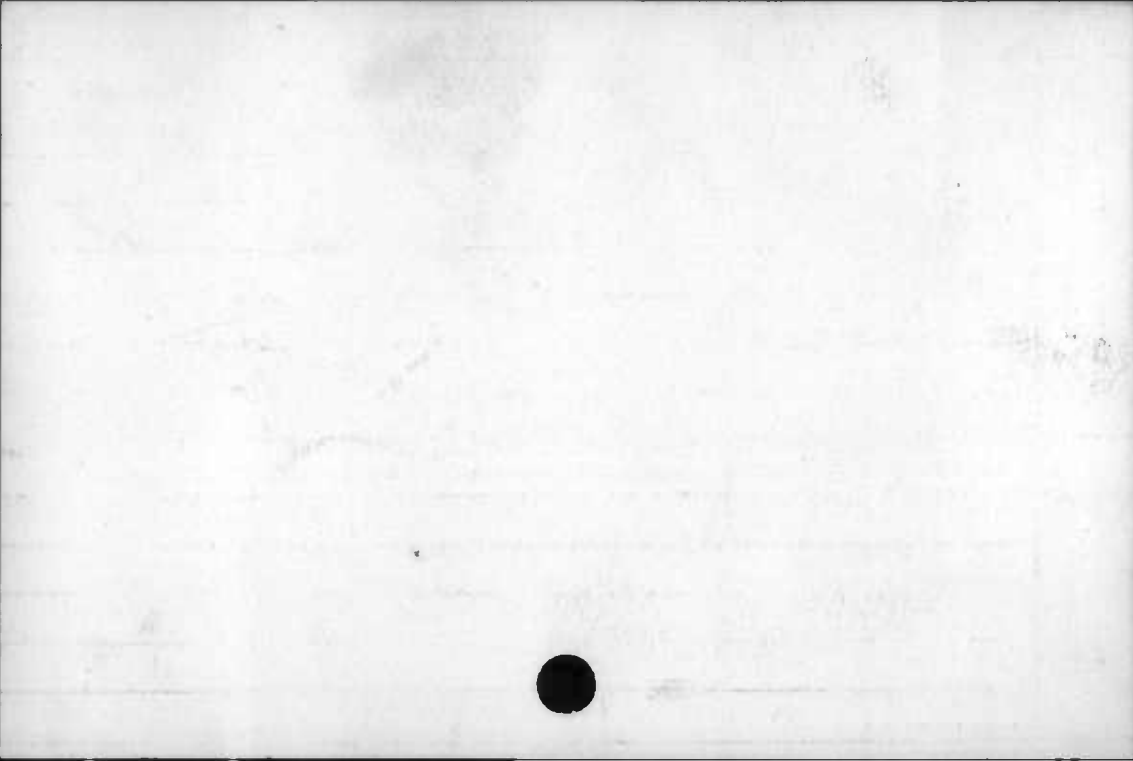
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Chas. F. Davidson

Address Easton Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDJulius Green
Town

County

Died at Belove

Talbot Co

MARYLAND

Date
of death 1908.

Month

Sept

Day

24

Years

Age

Months

8

Days

3

Sex

Male

Color or
Race

Colored

Birth-
place

Belove, Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

John H. Green

Father's
Birthplace

Talbot co Md

Mother's
Maiden Name

Susan Haskins

Mother's
Birthplace

Talbot co Md.

Name of person giving
Information

John H. Green

How related
to deceased

Father

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary

Convulsions, Spasms

How long

4. 2 days

Immediate

Inflammation of brain

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

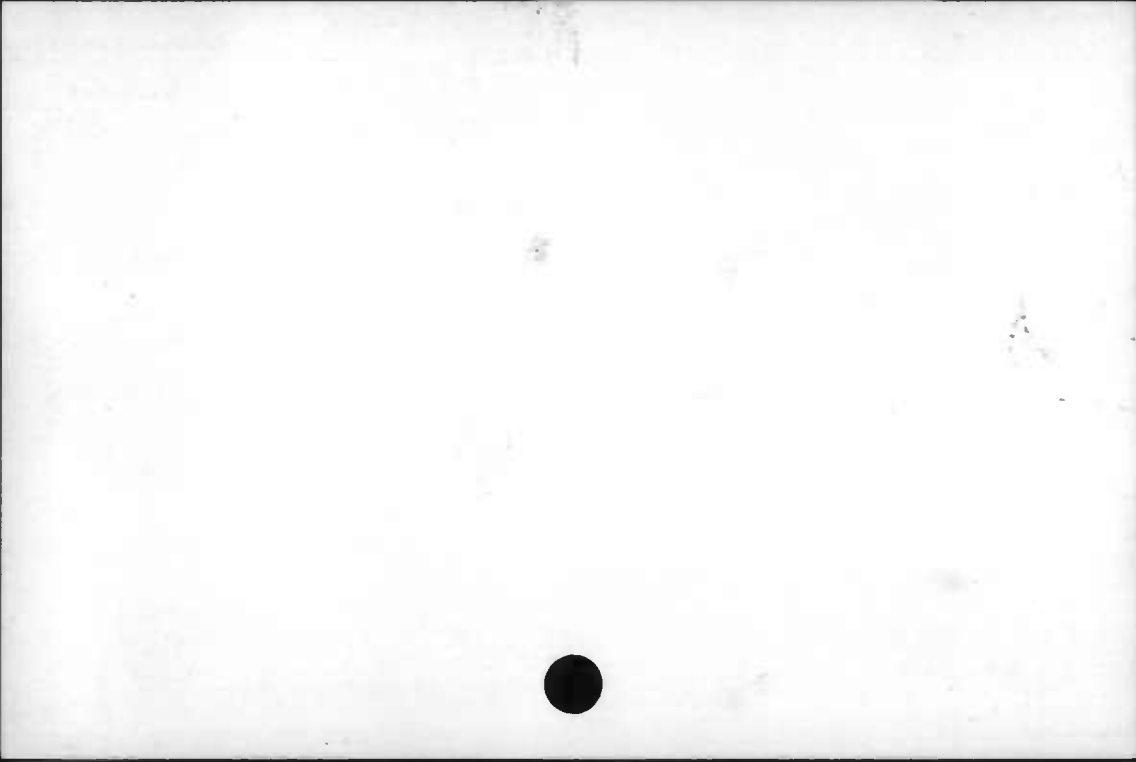
Yes

Signature of
Physician

Address

Samuel C. Trippe
Royal Oak, Md

Accident or Suicide



Name in Full *Mary E. Green* CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

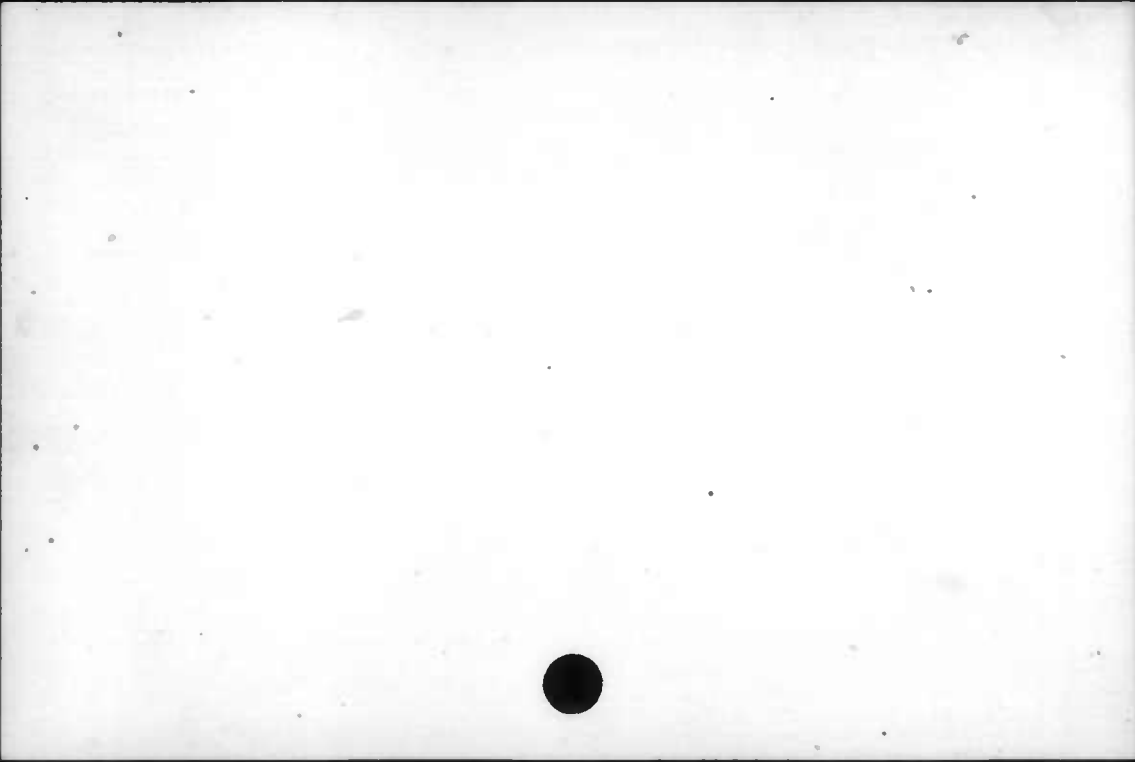
Died at <i>Bellevue</i> <small>Town</small>		<i>Valbot</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>Sept</i> <small>Month</small>	<i>22</i> <small>Day</small>	Age <i>46</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Deep Neck</i>		
Occupation <i>Labor</i>			Where Residing if not at place of death <i>Bellevue</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband				
Father's Name <i>Nicolas Bond</i>	Father's Birthplace <i>Deep Neck</i>				
Mother's Maiden Name <i>Marie Demby</i>	Mother's Birthplace <i>Bay Side</i>				
Name of person giving Information <i>Marie Pearmy</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	
<i>yes</i>	Signature of Physician <i>G. F. Walear, Acty Coroner</i>
	Address <i>Royal Oak Md.</i>
Accident or Suicide	



Name

in
Full

Francis. Hogan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

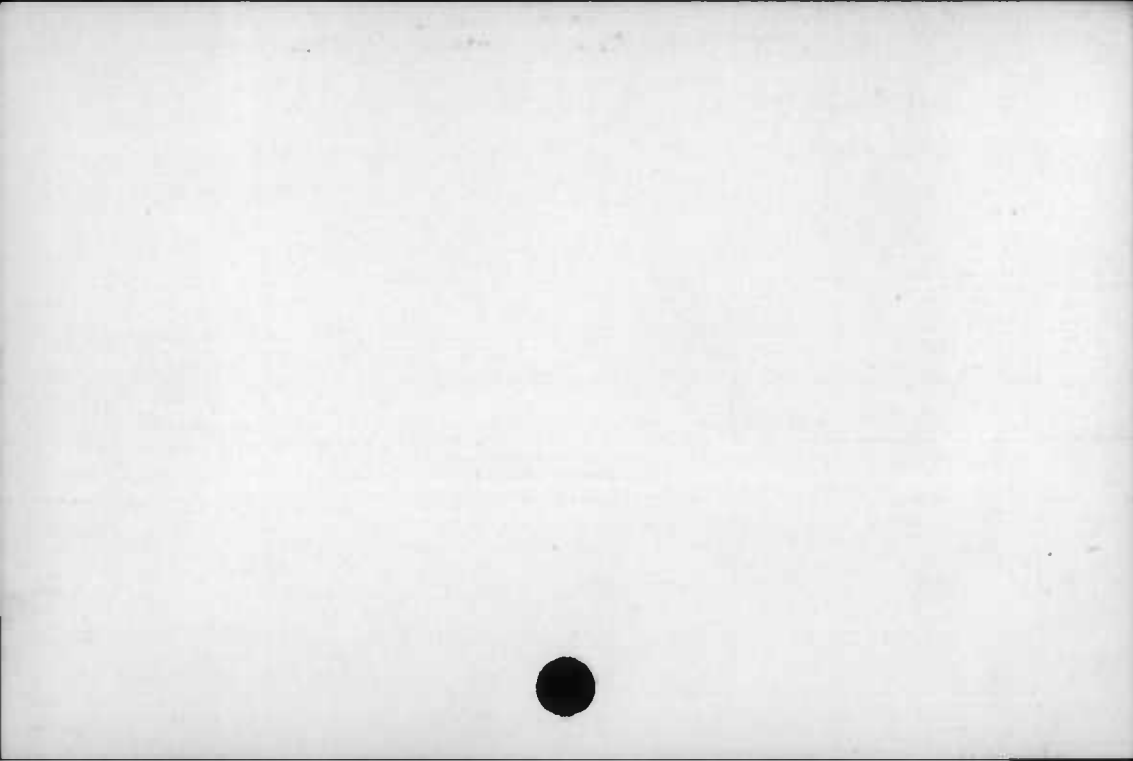
Died at <i>Cordova</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death	1908	Month	Sept.	Day	3
Age		73		Years	
Sex		Female		Color or Race	White
Occupation		Housekeeper		Birth-place	Maryland
Where Residing if not at place of death		<i>Cordova, Md</i>			
Married, Single or Widowed	Widow		Name of Wife or Husband	<i>Morris Hogan</i>	
Father's Name	<i>John, Brown</i>		Father's Birthplace	Maryland	
Mother's Maiden Name	<i>Mahali Simpson</i>		Mother's Birthplace	Maryland.	
Name of person giving information	<i>Morris E. Faulkner</i>		How related to deceased	Grandson.	

CAUSES OF DEATH

about 7 weeks.

PHYSICIAN
OR CORONER

Primary	<i>Dysentery</i>	How long	<i>14</i>
Immediate	<i>Catastrophe of Stomach</i>	How long	<i>2 or 3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>C. McStette, M.D.</i>
		Address	<i>Cordova, Md.</i>
Accident or Suicide?			



Name
in
Full

Robert Franklin Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Tilyman</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Sep.</i>	Day <i>28</i>	Age <i>—</i>	Months <i>2</i>	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Tilyman</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>"</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Robert Thomas Franklin Jackson</i>			Father's Birthplace <i>Tilyman</i>		
Mother's Maiden Name <i>Mary Matilda Haddaway</i>			Mother's Birthplace <i>Wiltman</i>		
Name of person giving information <i>Robert Jackson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>Since birth</i>
Immediate	<i>As the nia</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>S. K. Wilson</i>	
		Address <i>Tilyman</i>	
Accident or Suicide? <i>No</i>		<i>Ind</i>	

14



Name in Full Ida Kessler		Town Easton		County Talbot		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at Easton		County Talbot		MARYLAND	
		Date of death 1908 Sep 7		Age 4		Months 4	
		Sex Female		Color or Race white		Birth-place Baltimore	
		Occupation X		Where Residing if not at place of death X			
		Married, Single or Widowed X		Name of Wife or Husband X			
		Father's Name John L. Kessler		Father's Birthplace Baltimore			
Mother's Maiden Name Mary Biedewick		Mother's Birthplace Baltimore					
Name of person giving information John L. Kessler		How related to deceased father					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">179</div>							
PHYSICIAN OR CORONER		Primary Weak Heart		How long several days			
		Immediate Exhaustion		How long a few hours			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician E. R. Jeffers M.D.			
				Address Easton Md.			
		Accident or Suicide? I did not see the child see other side E.R.J.					

This child was sick at
John Hopkins before coming
to Canton Ma

The Dr who attended the
child in Ball was
Dr Richard Lee Smith
Hopkins Dispensary

This is the report of the
father of the child. who
is working in a cannery factory
at this place

E R Jippe

Child died suddenly & no physician
here saw it -

CERTIFICATE OF DEATH

**TO BE ANSWERED BY
NEAREST FRIEND**

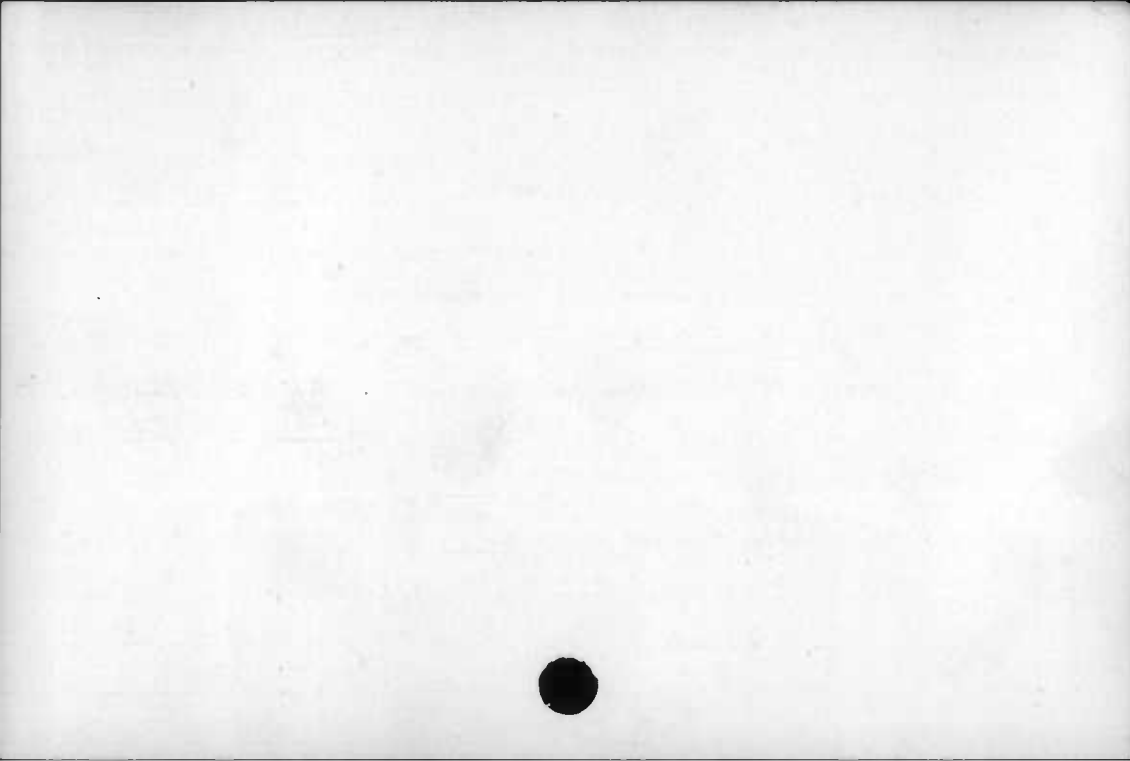
Died at <i>New Easton</i>		<i>Talbot</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Sept</i>	Day	<i>8</i>	Age	<i>6 mos</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>		Birth-place	<i>Talbot Co</i>	
Occupation	<i>—</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>—</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>Mrs F Knox</i>					Father's Birthplace	<i>Talbot Co</i>
Mother's Maiden Name	<i>—</i>					Mother's Birthplace	<i>—</i>
Name of person giving information	<i>Mrs F Knox</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

103-

PHYSICIAN
OR CORONER

Primary	<i>Epidemic</i>	How long	<i>6 weeks</i>
Immediate	<i>General Asthenia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>P. L. T. Brown</i>
		Address	<i>Boston, Mass.</i>
Accident or Suicide?			



Name
In
Full

Booker Drubar. Landmon -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

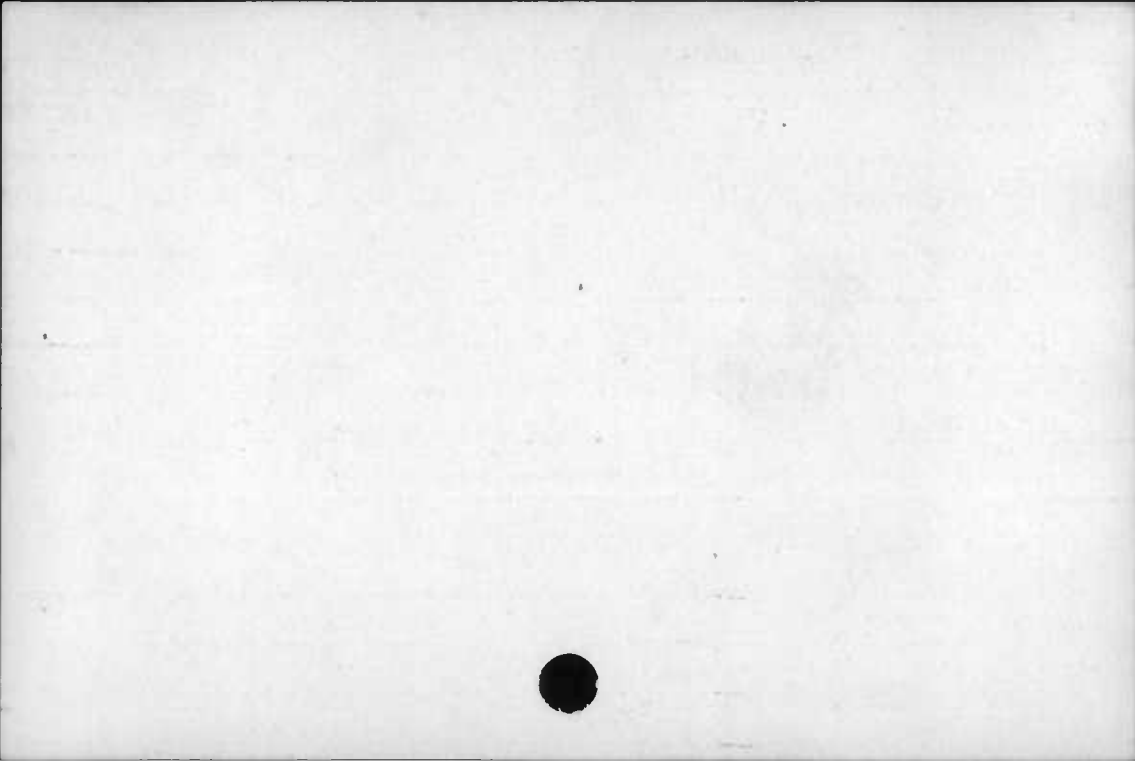
MARYLAND

Died at <i>near</i> ^{Town} <i>Trappe</i>		^{County} <i>Salto</i>			
Date of death	1908	Month	9-	Day	16
		Age	1	Years	
		Months	10	Days	14
Sex	<i>Male</i>	Color or Race	<i>Negro</i>	Birth-place	<i>Salto Co, Md</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
<i>Single.</i>					
Father's Name			Father's Birthplace		
<i>William Landmon -</i>			<i>Salto Co Md</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Sarah Floyd Slaughter</i>			<i>Salto Co, Md</i>		
Name of person giving information			How related to deceased		
<i>" "</i>			<i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>14 days -</i>
Immediate	<i>Pneumonia</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Joseph A Ross Jr</i>	
		Address	
		<i>Trappe Salto Co, Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Michaels</i>		Town <i>St Michaels</i>		County <i>Miller</i>		State <i>MARYLAND</i>	
Date of death <i>1908</i>		Month <i>Sept.</i>	Day <i>22</i>	Age <i>Still Born</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>St Michaels</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Charles Miller</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Eunice Hopkin</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i>Eunice Hopkin</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long	<i>(S)</i>
Immediate		How long	
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician <i>J. C. Davis</i>	
		Address <i>St. Michaels</i>	
Accident or Suicidal			



Name
in
Full

Amy Gates Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

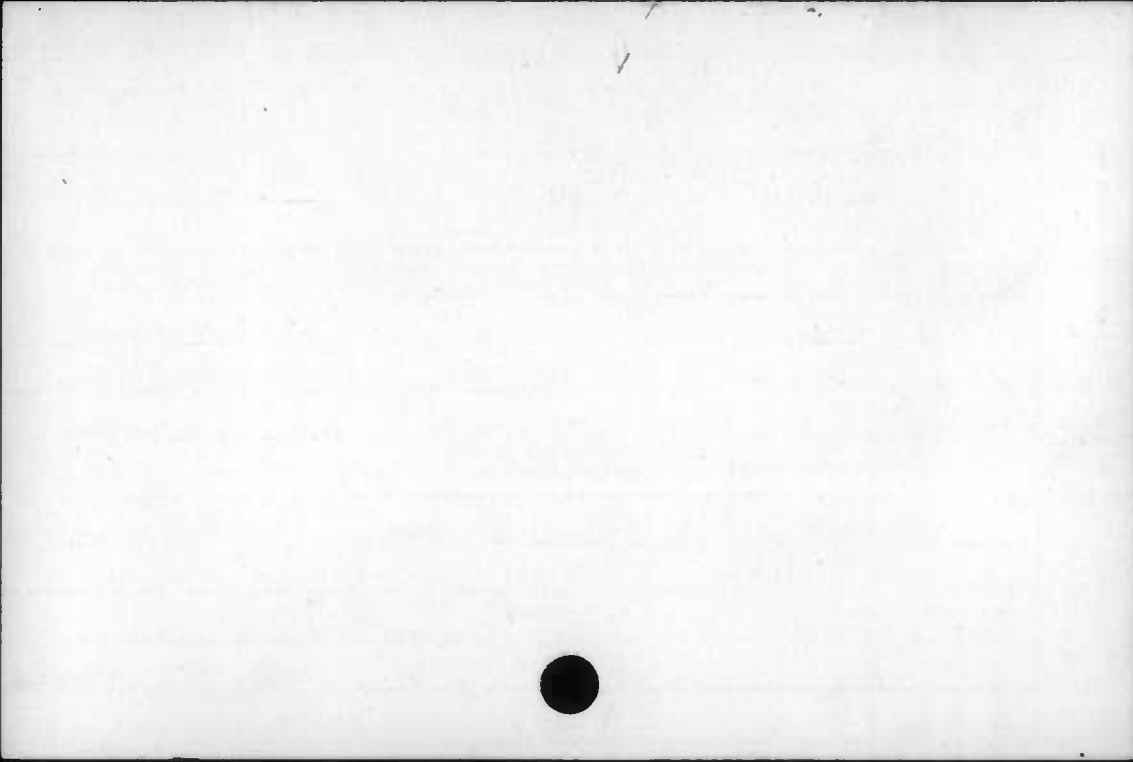
Died at <i>St Michaels</i> Town		<i>Talbot</i> County	
Date of death <i>1908</i>	<i>Sept</i> Month	<i>15</i> Day	Age <i>—</i> Years <i>3</i> Months <i>—</i> Days
Sex <i>Female</i>	Color or Race <i>Negro</i>	Birth-place <i>St Michaels</i>	
Occupation <i>Infant</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>James Moore</i>	Father's Birthplace <i>Talbot Co</i>		
Mother's Maiden Name <i>Mary L. Gates</i>	Mother's Birthplace <i>Talbot Co</i>		
Name of person giving information <i>James Moore</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Acute Inanition</i>	How long <i>2 months</i>
Immediate <i>Cardiac failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. S. S. for M.D.</i>
Accident or Suicide? <i>No</i>	Address <i>St Michaels Md</i>



Name
In
Full

Emma Stewart Mullikin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Trappe		County Talbot		MARYLAND	
Date of death		Month	Day &	Years	Months	Days	
190		Sept	11	46	11	11	
Sex		Color or Race		Birth-place			
Female		white		Talbot			
Occupation				Where Residing if not at place of death			
				Trappe			
Married, Single or Widowed		Name of Wife or Husband					
Married		James S. Mullikin					
Father's Name				Father's Birthplace			
John H. Price				Talbot			
Mother's Maiden Name				Mother's Birthplace			
Mary Elizabeth Kemp				Delaware			
Name of person giving information				How related to deceased			
Jas S. Mullikin				Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long	6 weeks
Immediate	Intestinal Hemorrhage	How long	5 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		James L. McFormick	
		Address	
		Trappe Md	
Accident or Suicide?			



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

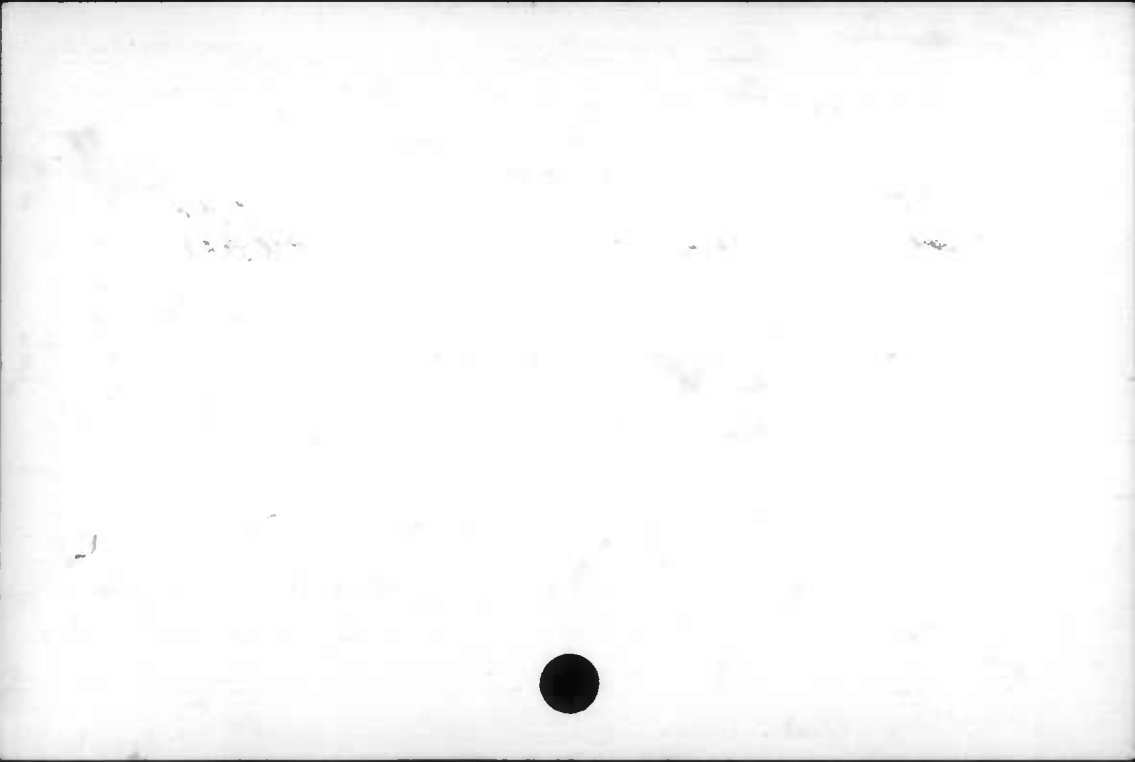
Maud b. Mullikin
Town *Trappe* County *Talbot* MARYLAND
Died at
Date of death 1908 *Sept.* Month *12* Day *15* Age *7* Years *10* Months *10* Days
Sex *Female* Color or Race *White* Birth-place *Trappe*
Occupation *School child* Where Reaiding if not at place of death *Trappe*
Married, Single or Widowed ☒ Married Name of Wife or Husband _____

Father's Name *James T. Mullikin* Pether's Birthplace *Talbot Co*
Mother's Maiden Name *Emma S. Mullikin* Mother's Birthplace *Talbot Co*
Name of person giving Information *J. T. Mullikin* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Typhoid Fever* How long *5 mch.*
Immediate *Intestinal Hemorrhage* How long *one hour*
Are the name, age, sex, color, date and place correctly given above? ☒ Signature of Physician *Jas L. McManis*
Address *Trappe Md*
Accident or Suicide ☒



Name
in
Full

Gracie Murray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

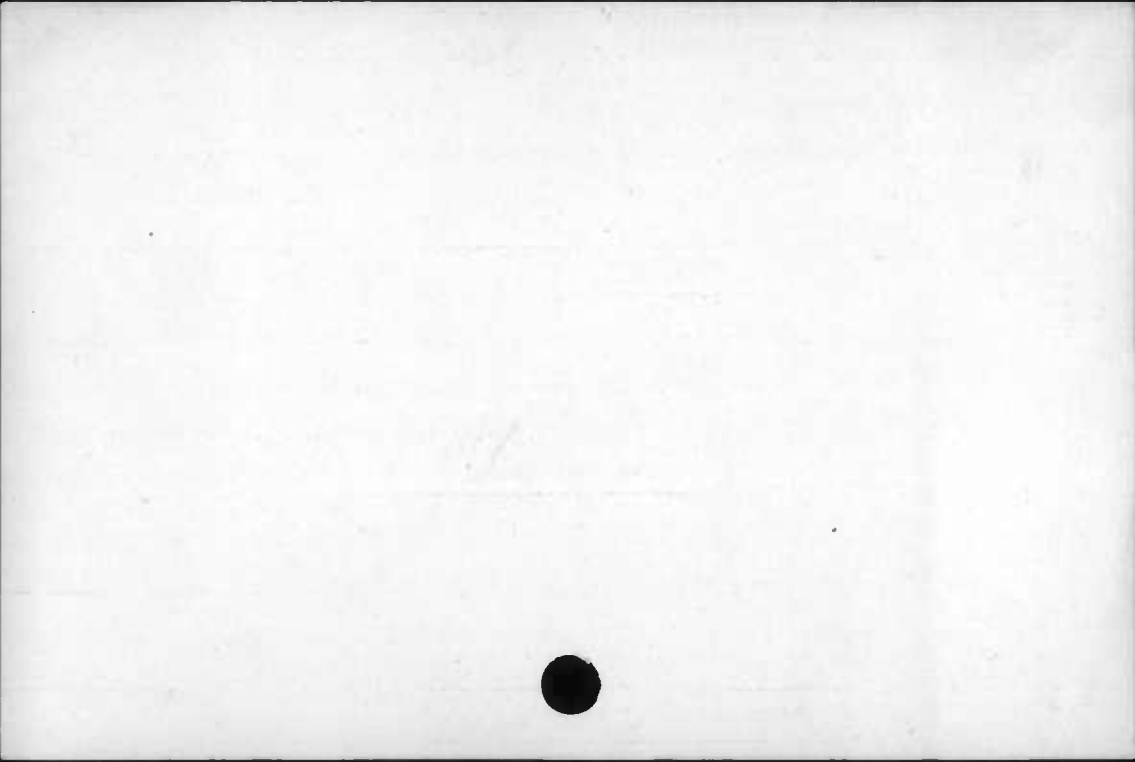
Died at		Town <i>Queen Anne</i>		County <i>Lalbat</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		9	21			6	17
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Lalbat F. Co. Ind.</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Thomas H. Murray</i>				Father's Birthplace <i>Phila Pa.</i>			
Mother's Maiden Name <i>Laura Virginia Pinder</i>				Mother's Birthplace <i>Queen Anne Ind.</i>			
Name of person giving information <i>Thos. H. Murray</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>The last time I saw Lily was August 6th when it had diarrhoea. It died too soon when it died.</i>		How long
Immediate	<i>Yes</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		<i>Philly Hackett Ind.</i>	
		<i>Queen Anne Ind.</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Louis H. Pugh* Town *McDaniel* County *Talbot*

Died at *McDaniel*

Date of death *1908* Month *Sept.* Day *21* Age *71* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Delaware*

Occupation *Farmer & Mail Carrier* Where Residing if not at place of death *McDaniel*

Married, Single or Widowed *Married* Name of Wife or Husband *Sallie J. Pugh*

Father's Name *William Pugh* Father's Birthplace *Delaware*

Mother's Maiden Name *Ellen Reynolds* Mother's Birthplace *Delaware*

Name of person giving information *William J. Reynolds* How related to deceased *Cousin*

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary *Acute Indigestion* How long *one day*

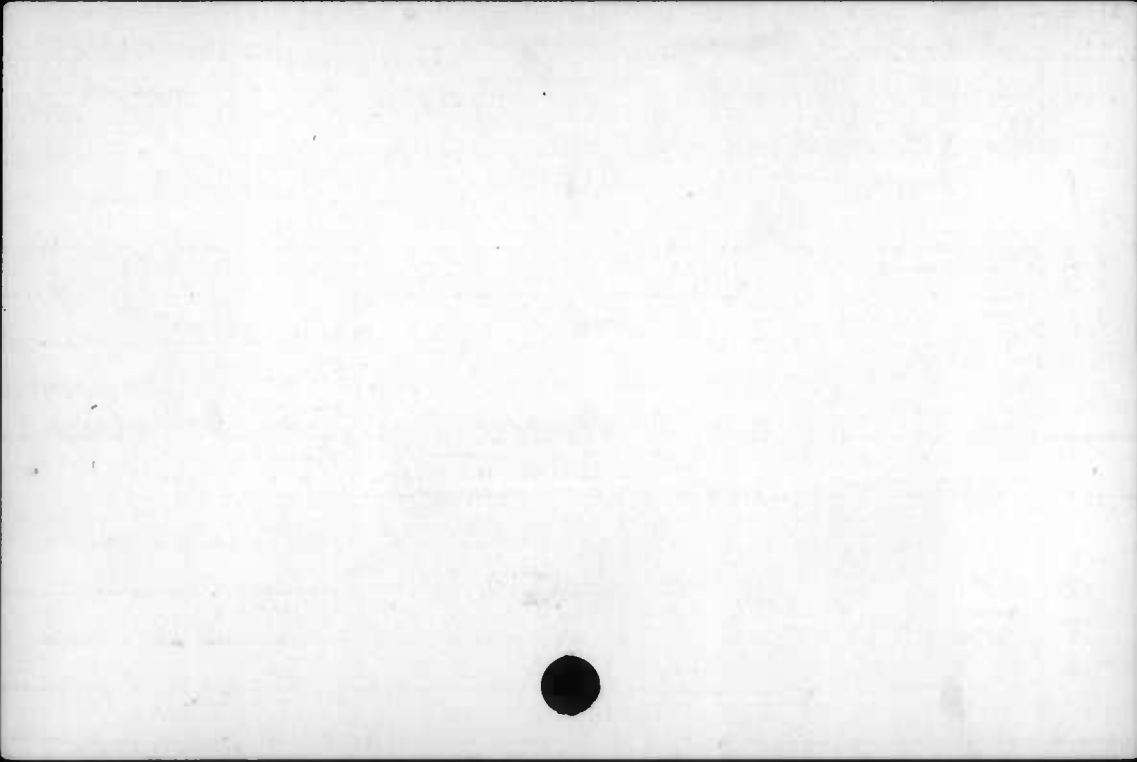
Immediate *Acute Indigestion* How long *one day*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Joseph G. Skinner, Coroner*

Address *McDaniel, Md.*

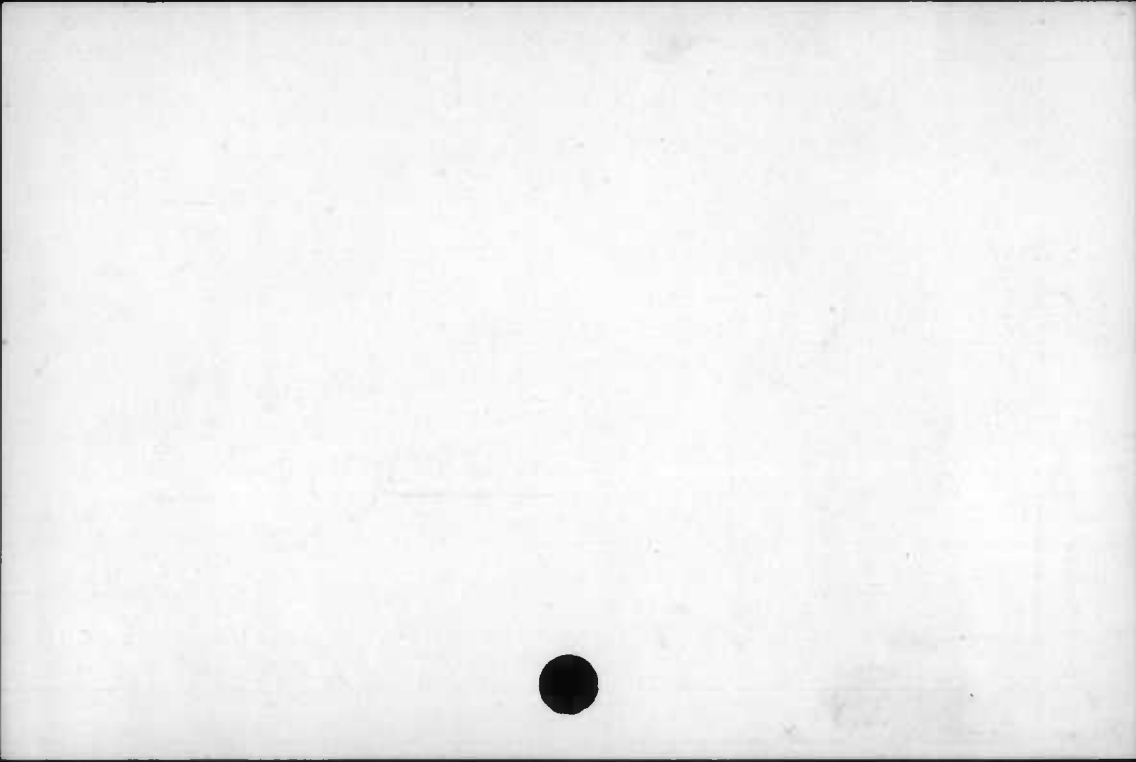
Accident or Suicide? *No*



Name in Full		Certificate of Death			
Hayes Perry Scott		MARYLAND			
Died at <i>St Michaels</i> Town		County <i>Talbot</i>			
Date of death <i>1908</i> Month <i>September</i> Day <i>10</i> Age <i>8</i> Years		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Baltimore</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Albert Scott</i>		Father's Birthplace <i>Baltimore</i>			
Mother's Maiden Name <i>Alama Perry</i>		Mother's Birthplace <i>St Michaels</i>			
Name of person giving information <i>Mary V Perry</i>		How related to deceased <i>Grand mother</i>			
CAUSES OF DEATH					
Primary		How long			
Immediate <i>Diphtheria</i>		How long <i>few days</i>			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R A Dodson</i>			
<i>Yes</i>		Address <i>St Michaels</i>			
Accident or Suicide?					

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name

in
Full

Robert Francis Sewell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

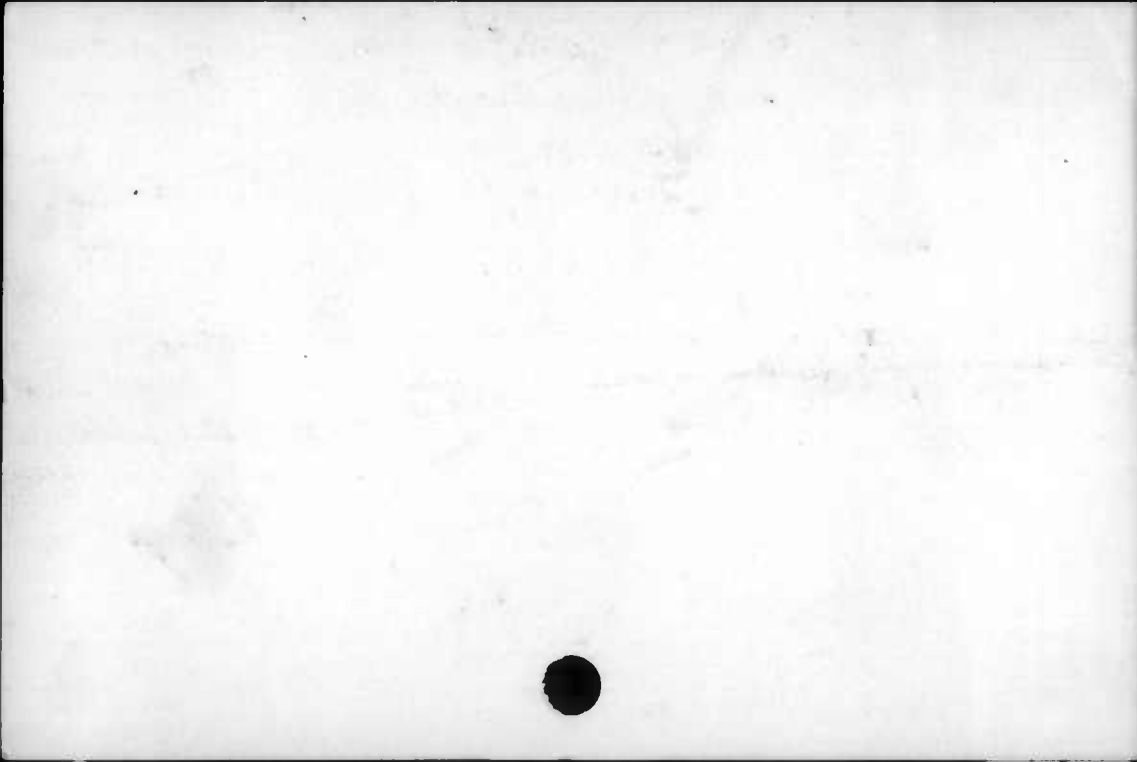
Died at		Town Tilghman		County Talbot		MARYLAND	
Date of death		1908	Month Sep.	Day 30	Age 75	Months 6	Days 13
Sex		Male		Color or Race White		Birth-place Tilghman Md	
Occupation		Farmer		Where Residing if not at place of death " "			
Married, Single or Widowed		Married		Name of Wife or Husband Emily Sewell			
Father's Name		Haddaway Sewell		Father's Birthplace Tilghman Md			
Mother's Maiden Name		Eliza Jones		Mother's Birthplace Tilghman "			
Name of person giving information		Miss Rena Sewell		How related to deceased Daughter			

CAUSES OF DEATH

142

PHYSICIAN
OR CORONER

Primary	Gangrene of foot	How long	6 weeks
Immediate	Heart Failure	How long	Suddenly
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		S. Kennedy M.D.	
Address		Tilghman Md	
Accident or Suicide?		No	



Name
in
Full

Harrison Smith

CERTIFICATE OF DEATH

Town

County

Died at

Side at Royal Oak, Md.

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1908 sept

17.

Age 20

Sex

Color or
Race

negro

Birth-
place

Royal Oak

Occupation

Labor.

Where Residing if not
at place of deathMarried, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

George Smith

Father's
Birthplace

N.C.

Mother's
Maiden Name

Harrington

Mother's
Birthplace

Talbot Co.

Name of person giving
Information

H. O. C. Smith

How related
to deceased

Brother

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

8 months

Immediate

Dropsy - Asthenia

How long

2 or 3 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Samuel C. Tripper

Address

Royal Oak, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cordora</i>		Town <i>Stefanski</i>		County <i>Salter</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>Sept</i>	Day <i>13</i>	Age	Years	Months <i>11</i>	Days <i>—</i>
Sex <i>Boy</i>		Color or Race <i>White</i>		Birth-place <i>Ida</i>			
Occupation <i>✓</i>				Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Benjamin Stefanski</i>				Father's Birthplace <i>Russia</i>			
Mother's Maiden Name <i>Martha Godoracka</i>				Mother's Birthplace <i>Russia</i>			
Name of person giving information <i>Father</i>				How related to deceased <i>✓</i>			

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>Two days</i>
Immediate <i>Dysentery & Exhaustion</i>	How long <i>Several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. J. Tori</i>
<i>Body brought to my office</i>	Address <i>Cordora</i>
<i>Days ago, lived at</i>	<i>Ida</i>
Accident or Suicide? <i>✓</i>	<i>Cannery Barracks</i>



Name
in
Full

Martha Elizabeth Sullivan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Trape</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u> <small>Month</small> <u>Sept.</u> <small>Day</small> <u>20</u>		Age <u>51</u> <small>Years</small>		<u>2</u> <small>Months</small>	<u>18</u> <small>Days</small>
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Talbot Co.</u>	
Occupation <u>Housewife</u>		Where Residing if not at place of death <input checked="" type="checkbox"/>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Chas. W. Sullivan</u>			
Father's Name <u>William P. Wright</u>		Father's Birthplace <u>Caroline Co., MD.</u>			
Mother's Maiden Name <u>Abbie Tillston</u>		Mother's Birthplace <u>Baltimore, "</u>			
Name of person giving information <u>Chas. W. Sullivan</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary <u>Tubercular Enteritis</u>	How long <u>12 months</u>
Immediate <u>Exhaustion</u>	How long <u>Several weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>William S. Seymour</u>
<u>Q</u>	Address <u>Trape MD</u>
	Accident or Suicide? <u>no</u>



Name
in
Full

Mattie Matilda Sullivan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

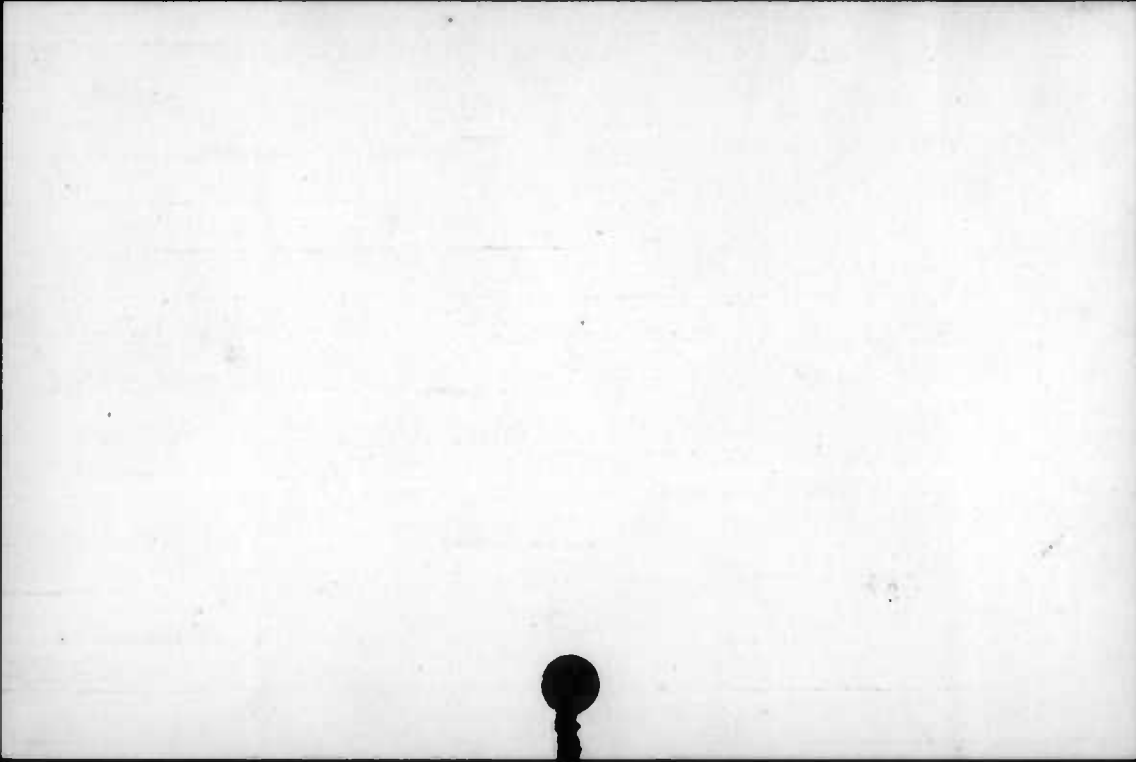
Died at <u>Trappe</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u> <small>Month</small>	<u>Sept.</u> <small>Day</small>	<u>27</u> <small>Age</small>	<u>32</u> <small>Years</small>	<u>7</u> <small>Months</small>
Sex	<u>Female</u>	Color of Race	<u>white</u>	Birth-place	<u>Talbot Co.</u>
Occupation	<u>none</u>		Where Residing If not at place of death <u>-</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>-</u>			
Father's Name	<u>Frank E. Sullivan</u>			Father's Birthplace	<u>Talbot Co.</u>
Mother's Maiden Name	<u>Emmer R. Berridge</u>			Mother's Birthplace	<u>Talbot Co.</u>
Name of person giving information	<u>Francis E. Sullivan</u>			How related to deceased	<u>Brother</u>

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	<u>Melancholia</u>	How long	<u>2 years</u>
Immediate	<u>Enteritis & Inanition</u>	How long	<u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Mrs. S. Seymour</u>
		Address	<u>Trappe Md</u>
Accident or Suicide?	<u>no</u>		



Name
in
Full

Mary Elizabeth Tyler
Fairbank Town
Tulsa County

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

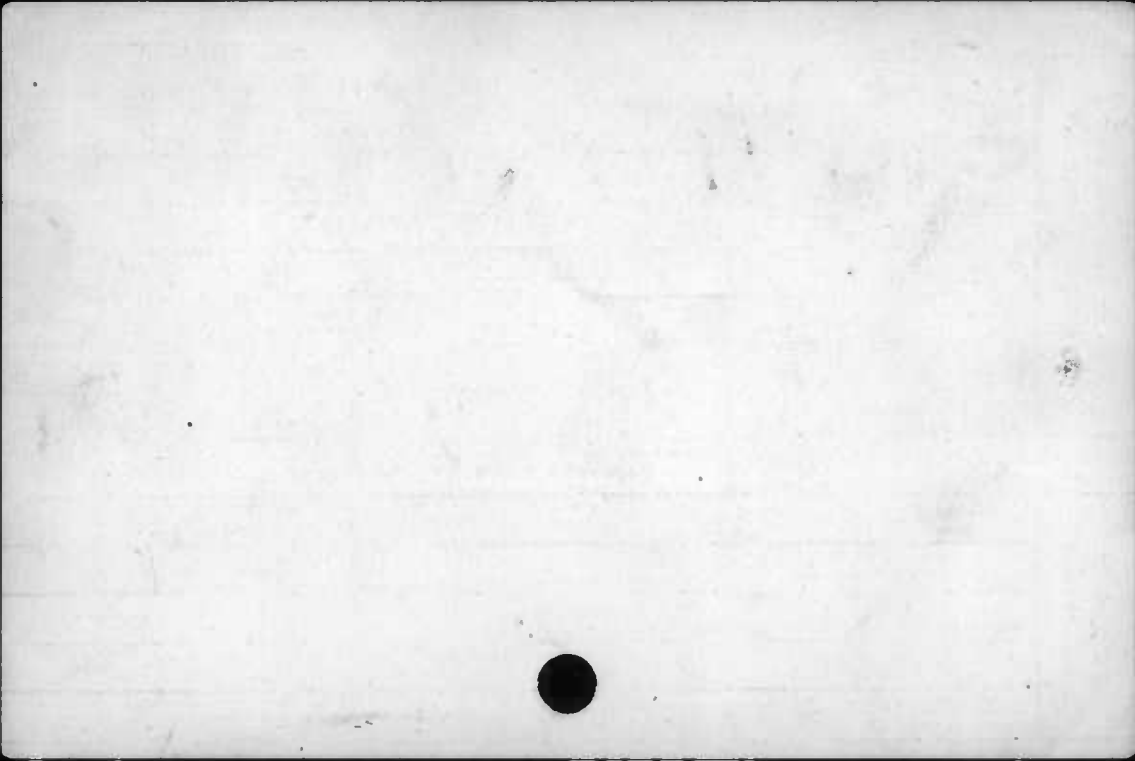
Died at Fairbank
Date of death 1908 Sep - 1
Sex Female
Color or Race White
Occupation House wife
Where Residing if not at place of death Fairbank Ind
Married, Single or Widowed married
Name of Wife or Husband George Perry Tyler
Father's Name John St. Bloodworth
Father's Birthplace Bloodworth
Mother's Maiden Name Eliza Messick
Mother's Birthplace Smiths Isl.
Name of person giving information George P. Tyler
How related to deceased Husband

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Phthisis Pulmonalis
How long 18 mos
Immediate Asthenia
How long ~
Are the name, age, sex, color, date and place correctly given above? yes
Signature of Physician S. K. Wilson
Address Gilghman Ind
Accident or Suicide? no -



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

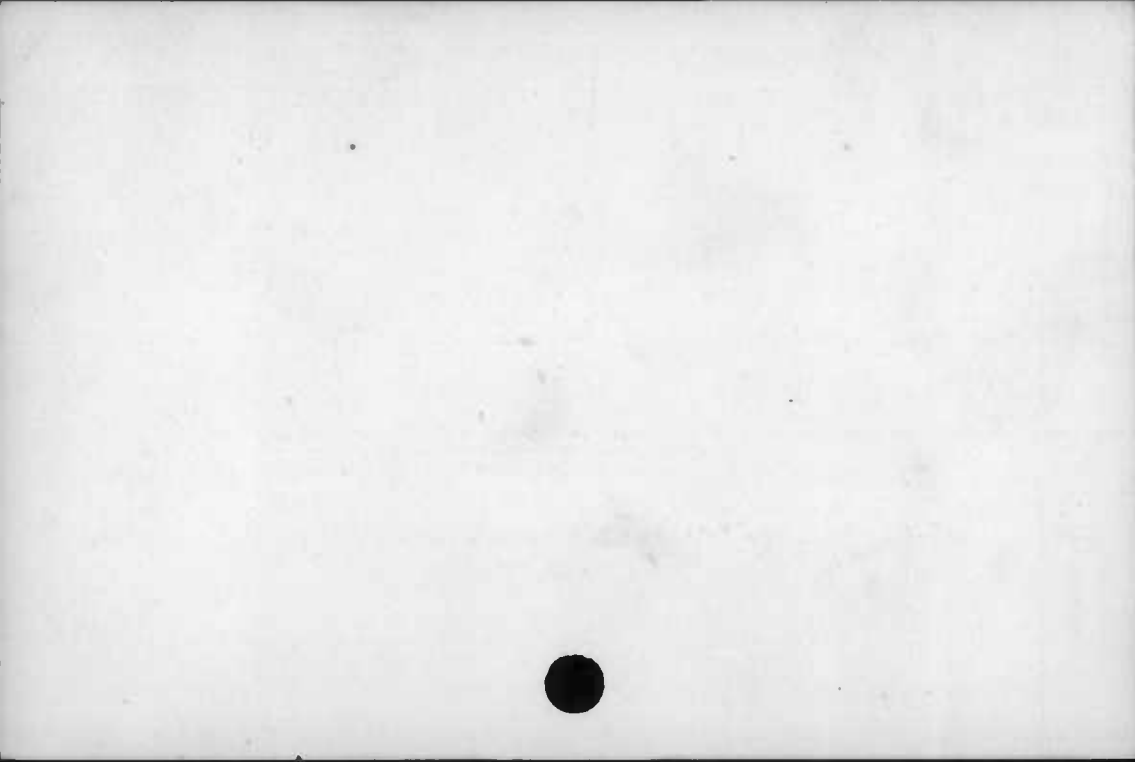
Died at		Town <i>Oxford</i>		County <i>Tarrant</i>		MARYLAND	
Date of death	1908	Month <i>Sept</i>	Day <i>6</i>	Age	Years —	Months <i>1</i>	Days <i>0</i>
Sex	<i>Male</i>		Color or Race	<i>African</i>		Birth- place	<i>Oxford Miss</i>
Occupation	—			Where Residing if not at place of death —			
Married, Single or Widowed			Name of Wife or Husband —				
Father's Name			<i>James Wilson</i>		Father's Birthplace <i>African</i>		
Mother's Maiden Name			<i>Lizzie Wilson</i>		Mother's Birthplace <i>Long Grove</i>		
Name of person giving In formation			<i>Lizzie Wilson</i>		How related to deceased <i>Mother</i>		

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary	<i>Hydrocephalus</i>	How long	<i>Since Birth</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J M Conner M.D.</i>
—		Address	<i>Oxford Miss</i>
Accident or Suicide?			



Name
in
Full

Arthur Melvin Willey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} St. Michaels^{County} TalbotDate
of death 1908

Month

Sept

Day

2nd

Age

Years

—

Months

—

Days

26

Sex

male

Color or
Race

white

Birth-
place

St. Michaels Md

Occupation

none

Where Residing if not
at place of death

—

Married, Single
or Widowed

single

Name of Wife or
Husband

—

Father's
Name

Chas. Bradford Willey

Father's
Birthplace

St. Michaels Md

Mother's
Maiden Name

Lula Sears

Mother's
Birthplace

St. Michaels Md

Name of person giving
information

Chas. B. Willey

How related
to deceased

Father

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary

Broncho. Pneumonia

How long

two weeks

Immediate

General Tetanus & Arterial

How long

ten days.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

A. J. Lascock

Address

St. Michaels Md

Accident or Suicide?

